

CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

COUNTERPART
C&D WHITEHALL LABORATORIES PHARMACIST BRIEFING

21 October 1995

Asda throws down gauntlet on RPM

Boots' disciplinary hearing gets under way

Temazepam capsules finally blacklisted

Philip Green – a man with a mission at the RPSGB



Heinz reinvents itself for baby food market

Wholesalers cave in on fridge discount items

Update: the problem of antibiotic resistance

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Something to smile about

Resale Price Maintenance on medicines is just as much in the public interest in 1995 as it was in 1970, when the Restrictive Practices Court wisely accepted the consumer's need for ready access to both household proprietaries and the dispensing services provided by community pharmacies.

So why are we fighting a new battle when the war was won so long ago? Certainly not because the consumer will benefit from price cutting, as Asda chief Archie Norman has much of the national press believing. Speaking on BBC2's 'Money Programme' on Sunday, he claimed to be helping the elderly, the disabled, children and the unwell to obtain medicines not only more cheaply, but more conveniently!

The truth is that Mr Norman was talking about market share. Nothing else matters, and certainly not the greater interest of consumers. In 1970, the Court was persuaded that "consumers should not be encouraged to buy more medicines than they need". Yet Mr Norman boasts that his aggressive promotion will increase the market, and that the retail trade will benefit from the expansion.

Of course, Asda has been well advised to start with food supplements, on which pharmacy will have difficulty in playing a convincing 'safety and advice' card. But the company's intention to cover medicines has been signposted – and two herbal remedies are included in the first batch of cuts.

In 1970, it took the combined resources of all pharmacy's professional bodies and industry associations to win the day. If there has to be a new battle, it must be fought with the same vigour, and it will be costly. But the long-term cost of failure to the consumer, the patient, the profession and the industry will be incalculable.

We urge the director general of Fair Trading not to be fooled.

CHEMIST & DRUGGIST

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Boots' disciplinary hearing gets under way 572

'Collection and delivery' service in question

RPSGB gives staff training deadline 573

There are just two weeks for staff to register



News Review: drug giant mergers and acquisitions 574

C&D asks whether big is necessarily best

PSNC to press for temazepam compensation 586

Following NHS capsule ban, dead stock could be a problem

Update: the problems of antibiotic resistance i-viii

As well as John Donoghue examining the effective treatment of depression, plus Research Digest

Cambridge Counterpart: Pharmacist's Briefing 590

Eyes and Ears are the focus for next week's training module



Heinz meanz business 594

Fawz Farhan talks to the baby food No 1

C&D Interview: a man for all seasons 596

Patrick Grice spoke with Philip Green

Asda throws down the gauntlet to pharmacy on RPM 599

RPSGB to convene crisis meeting following supermarket move

Wholesalers withdraw discount for fridge lines 600

Unichem follows AAI's lead on refrigerated items

REGULARS

Comment	571	Letters	592
News	572	Business News	599
Topical Reflections	575	Company in Focus	600
Prescription Specialities	576	Coming Events	600
Counterpoints	578	Classified Advertisements	601
News Extra	586	About People	606

Boots before Stat Comm in collection and delivery inquiry

Boots the Chemist and its superintendent pharmacist were accused of flouting vital guidelines in the provision of services to patients in rural areas at a hearing of the Royal Pharmaceutical Society's Statutory Committee this week.

In a major test case, the company was said to have continued providing a 'collection and delivery' service in Durrington, Wiltshire, and Winterton, S Humberside, despite the opening of pharmacies in the two villages.

Robert Webb QC, for the Society, told the Committee that the case involved a point of principle on a key aspect of pharmaceutical work. He added that there was a key ethical question for the Statutory Committee to adjudicate on.

He said Boots and its superintendent pharmacist, Philip Marshall Davies, had ignored a decision made by the Council of the Society in June, 1993. This decreed that a pharmacy operating a prescription collection and delivery point in a rural area should discontinue this practice if a new pharmacy opened in its vicinity.

Boots and Mr Davies both deny misconduct in the case.

Mr Webb said that the background to the case was the open-

ing of a pharmacy in Durrington in December, 1993, and one in Winterton in September of that year. This gave the benefit of a full pharmaceutical service for residents who, until then, had only had such services available from local doctors.

Nevertheless, Boots had made arrangements under which prescriptions from doctors' surgeries were dispensed at its pharmacies in towns some miles away from the villages, and returned to the surgeries to be collected by patients.

"Notwithstanding the opening of the new pharmacies in the villages and advice from the Council of the Society to stop, Boots continued those services," said Mr Webb.

The Society believed the service provided by Boots was "not professionally acceptable in the circumstances where a full pharmaceutical service is locally available".

The Council of the Society feared that the conduct of Boots and Mr Davies might lead to the pharmacies in the two villages becoming unviable.

"It would be in the doctors' interests for a pharmacy to close or to be bought by local doctors, who would then make a collection and delivery service redun-

dant." This had happened in Winterton, commented Mr Webb.

Boots argued, quite rightly, that it was not responsible for the machinations of the medical profession.

Michael Beloff QC, counsel for Boots and Mr Davies, argued it was illegitimate to provide further support for small pharmacies (as well as the Essential Small Pharmacy Scheme), by misuse of a regime of professional ethics and charges of misconduct to deprive patients of choice, compel them to use one particular pharmacy and prohibit legitimate competition.

Boots' argument that the Society's attempt to stop its collection and delivery system amounted to a restraint of trade was plainly wrong, said Mr Webb. It was "absolute nonsense" to argue it was trying to deny any genuine competition.

"It is intended to ensure the viability of community pharmacies. Boots was providing a second-rate service – and admitted as much."

Asked by Committee chairman Gary Flather QC if the actions of Boots could possibly be described as misconduct, Mr Webb replied: "It is going to be misconduct, if you say it is misconduct."

William Darling, past-pres-

ident of the Society and chairman of the South Tyneside Health Authority, told the Committee he was in no doubt that any action – such as the Boots' scheme – which served to deprive a village community of a comprehensive pharmaceutical service amounted to professional misconduct.

He accepted, however, that a collection and delivery system, while it was more likely to lead to a worsening of services, would not inevitably do so. He also agreed that such a scheme would be acceptable, providing that a village pharmacy did not suffer.

Under close questioning by Mr Flather, Mr Darling agreed that the recommendation that collection and delivery systems should be stopped if a pharmacy was set up in a village had not been included in the Society's 1993 guide on 'Medicines, Ethics and Practice', but said that it should be "self-evident" to practitioners.

Mr Beloff said the Society's ethics committee's 1993 decision "has never been promulgated as an ethical obligation rather than as an informal statement".

The hearing continues, however, Committee chairman Mr Flather has already indicated that a decision is almost certain to be reserved.

New Age update

This week sees the publication of the first of the Royal Pharmaceutical Society's 'Pharmacy in a New Age' briefing papers.

The paper will focus on the Government's demands and what it wants from the profession: funding options, value for money, efficiency and efficacy.

This will be followed by five further discussion papers, to be published at fortnightly intervals:

- changes in the supply chain, such as new shopping patterns, wholesaling and distribution
- consumer demands, expectations of the health services, attitudes towards pharmaceuticals and access to pharmacies
- the impact of new technology, eg new delivery systems, pharmaceuticals as well as IT robotics
- other professions and their reaction to the need for change
- a summary of these will be produced on January 6. Bound copies of all papers will also be available after this date.

FHSA sues pharmacist for £1 million

A health authority is claiming nearly £1 million in compensation from a York chemist who defrauded the NHS (*C&D* October 7, p493).

Bryan Samson of Moor Monkton, near York, conspired with Leeds' doctor Timothy Whitefield to dupe large sums of money from the NHS with bogus scripts.

Leeds Crown Court heard last week that Leeds Family Health

Services Authority – which was swindled out of the cash – is now claiming almost £1m in compensation from Mr Samson.

Both Whitefield, 49, who was found guilty of conspiring to defraud the FHSA between October, 1989, and May, 1990, and Samson, 53, who admitted the offence, will be sentenced this Friday. Mr Samson is no longer on the Society's register.

PAS gets ready for New Year resolutions

Pharmacists gearing themselves up for the usual stop smoking New Year resolution onslaught can get help from the Pharmacists Action on Smoking group.

Next month, PAS is holding two regional meetings to stimulate those pharmacists interested in playing a bigger role in helping smokers quit.

The 'PAS in Action' meetings will focus on the PAS model to

help smokers give up via the implementation of an easy to run pharmacy programme.

The meetings take place on November 13 at the Forte Crest Hotel, Brighouse; and on November 29 at the Glen Eagle Hotel, Harpenden. Both will begin at 7.30pm, with supper from 7.00pm. Contact Martine Long at the NPA to obtain an invite. Tel: 01727 832161, ext 231.



Ulster Chemists Association president Sarah Mawhinney (right) with her guests at the UCA dinner dance, held last Saturday at the Culloden Hotel, Belfast. From the left: Derek Lawson, secretary of the Pharmaceutical Society of Northern Ireland; Dr Norman Morrow, chief pharmaceutical officer at the DHSS; PSNI president Terry Hannawain; and Professor James McElroy of the School of Pharmacy at the Queen's University of Belfast

Pharmacists reduce GP litigation risk

GPs who recommend OTC medicines can reduce the risk of litigation by advising patients to talk to pharmacists.

A study in the *British Journal of General Practice* warns that GPs face the threat of legal action because the wider range of OTC medicines available poses a greater risk of drug interactions and adverse drug reactions.

The researchers say GPs "vulnerability to litigation" can be reduced by advising patients to talk to the pharmacist about the suitability of the recommended medicine and encouraging them to read on-pack information. Details of the recommended medicine should be kept by the GP.



Acting on PAGB advice in the wake of Asda's onslaught on the Resale Price Maintenance (see p599)

Register for first MCQ exam

The Royal Pharmaceutical Society is giving experienced counter assistant staff just two weeks to register their interest in the first multiple choice question paper examination, the completion of which will fulfil its training requirements.

Assistants should write to the Society (addressing their letter to Room 309) no later than November 4, giving their name, the address of the pharmacy at which they are working and the name of the pharmacist who will be responsible for supervising the examination, which will take place at the end of November. Those who register will receive sample questions. The exam will attract a fee, which the Society cannot confirm at this stage.

A further two examinations are scheduled for the spring and autumn of 1996, allowing those who fail either of the first two sittings the chance to re-sit; those who delay registration until the autumn date will only have one opportunity to pass. Assistants

will be notified nearer the time when to register for the latter two exams.

The MCQ examination is open to members of staff at pharmacies who completed a course of training for medicines counter assistants prior to January, 1992; or those who have not completed such a course, but have worked in a pharmacy for not less than 16 hours a week for three of the past five years and whose work has had a significant component of sales of medicines.

The Society's Council has also set a deadline of December 31, 1996, for when "newly-trained staff" must have completed their training course.

Newly-trained staff are defined as those who, since July 23, 1994, have started a course of training accepted by the Distributive Occupational Standards Council (DOSC) as providing the necessary evidence of underpinning knowledge required for the pharmacy unit of the retail level 2 NVQ, who are not required to

take the accompanying multiple choice question paper.

For staff who have yet to undertake a training course, July 1, 1996, remains the deadline to have started such a course.

It is understood that the National Pharmaceutical Association has indicated that December 31, 1996, will be the final date for marking papers for those who are undertaking the 'old' Assistants Manual course.

Those undertaking the course who are doubtful about completing it successfully by December 31, 1996, for the final sitting of the MCQ paper for experienced staff.

So far as the NPA Medicines Counter Assistants course (units 1, 2 and the 'top-up' unit) is concerned, this will be subject to accreditation against the new required knowledge syllabus by the panel that is to be established by the College of Pharmacy, for all those starting the course from July 1, 1996, onwards.

Counterpart: use your eyes and ears to act now

This week on p589/590 you will find *Chemist & Druggist's* Cambridge Counterpart Pharmacist Briefing on Eyes and Ears to help you guide your assistants through their fifth training module, designed to help them meet the Royal Pharmaceutical Society's requirements for medicines counter assistants.

Experienced pharmacy assistants following the programme are advised to read the news report (on this page) concerning conditions being set by the RPSGB for the planned in-pharmacy examinations. Once clarification has been sought, *C&D* intends to publish further guidance for assistants.

All elements of the Cambridge Counterpart course will be published by June, 1996. Counterpart will be submitted for accreditation to the College of Pharmacy Practice panel.

In addition to manual filling and marking of question sheets, assistants can register for a personal PIN number and interactive telephone marking and logging of results system by paying \$12.50 (plus VAT fee). Call *C&D* on 01732 364422, ext 2462. Additional modules are available from sponsor Whitehall Laboratories, contact Tracy Matthews or Charlotte Batchelor on 0181 747 8797.

On-call rota pharmacist success in Kirklees

The on-call pharmacists scheme run by Kirklees Family Health Services Authority has met with success in its first six months.

A total of 157 calls to dispense out of hours prescriptions were logged between the January launch and July. Around two-thirds of these were made at the request of a patient, only 21 by a GP or GP deputising service.

The scheme replaced the old voluntary rota for dispensing urgent prescriptions, because "it

was difficult to guarantee a service", says Gillian Longbottom, senior FHS quality officer, who set up the scheme.

Now two rotas run for each district within the FHS boundary. Some 20 pharmacists cover Huddersfield and another 16 cater for Dewsbury call-outs. Each pharmacist receives \$140 for each week they are on call.

One pharmacist who is involved with the scheme feels the new approach is "going very

well". Andrew Dobson, secretary of Kirklees Local Pharmaceutical Committee, adds: "Personally, I think it's a very good system. It does make life easier."

So far, the cost per urgent prescription dispensed is \$43.78, excluding call-out and dispensing fees.

The scheme was due to finish at Christmas. However, the FHS is applying for funding to extend the service to the end of the financial year.

BIG is best

Pharmaceutical companies are engaging in an orgy of acquisitions and mergers. Where will it all end?

A metaphorical white flag was flying over Fisons' headquarters last week as it became the latest pharmaceutical company to succumb to the hostile attentions of a predator.

This year has been a particularly busy one for the drugs giants. Glaxo kicked off 1995 with a bang when it announced a \$9 billion hostile bid for Wellcome. Hoechst then came to an amicable agreement with Dow in order to buy its pharmaceutical arm, Marion Merrell Dow, for \$7.1bn. And Swedish Pharmacia and US Upjohn got together in a meeting of minds to boost mutual market share.

This trend is far from over. Pharmaceutical companies are just learning the lessons of consolidation, acquisition and alliances that other industries have learnt before them.

"If you look at other maturing technology industries," says Tom Raggett, a healthcare consultant with management consultancy Datamonitor, "you will see consolidation scaled down to ten large companies, with lots of small ones below them. The current market, where we have 80 pharma companies with similar market shares, cannot exist for much longer as there simply isn't room for them all."

Disease management is the buzz word that is spurring companies towards consolidation. Those who want to become involved in the disease management process have to have quite deep pockets in order to indulge in the vertical acquisition of PBMs or HMOs. In other words, the companies have to be big to

achieve this. Other companies, like Glaxo Wellcome, want to concentrate on becoming the

could sell both Glaxo and Wellcome products.

The combined group, Glaxo Wellcome, may be large enough to maintain its kingpin position in the world pharmaceutical rankings, but Sir Richard Sykes warned earlier this year: "We have just over 5 per cent of the market – which is a lot in this business. If three or four companies come together to produce an 8 per cent market share, then we will have to think again."

Mr Raggett sees three tiers of pharmaceutical companies developing. The first tier will comprise the real global players, with sales of \$10bn, operating across healthcare functions. However, it is at the second tier "where the real fun is happening", he believes. "This is where middling-sized companies will choose to merge – like, for example, Upjohn and Pharmacia, who joined together in order to gain a place in the top ten companies."

At the third tier will be what Datamonitor terms 'special-

tion. According to a new report* from market research company Promar, cost-cutting measures, patent expiries on major blockbuster drugs and increasing consumer health awareness will drive the European OTC market.

"There will be economies of scale in this market as well," says Mr Raggett. Although there is a big argument whether OTC healthcare is relevant to the ethical business.

"After all, the OTC market is a consumer business, where companies have to compete with the likes of Procter & Gamble. However, it is unlikely that pharma companies will sell their OTC arms, rather they will use them as a means of direct dialogue with consumers."

Pfizer has big plans for its OTC business. It plans to double its OTC sales to \$1bn by the year 2000 and has made inroads into the European market, buying OTC businesses in Spain and Italy and the UK. Its UK acquisition, Charwell, has been renamed Pfizer Consumer Healthcare and incorporates Pfizer's POM to P products in Charwell's existing portfolio.

Other OTC companies may be looking at acquisitions as a way of plugging some gaps in their therapeutic catalogue. This is a major reason why Smithkline Beecham acquired Sterling. "The product ranges were very complementary," says SB spokesman Mike Gates. "SB had very little in the way of analgesics and now, with the acquisition of Sterling, it is the biggest therapeutic category we have. Whereas, with Sterling, the other products were also-rans."

So who will be the big players in the market in the next five years? Definitely those companies which can combine a strong R&D pipeline with marketing muscle.

"Glaxo Wellcome, Merck, SB and definitely Pfizer, which has 13 drugs going through Phase III trials now," says Mr Raggett. "But after those four it starts to get interesting, it depends on who develops a strong enough drugs pipeline."

* 'OTC pharmaceuticals in Europe: the future competitive environment'



biggest in research and development.

Glaxo's reasons for taking over Wellcome were largely defensive. At the time of the bid chief executive Sir Richard Sykes said: "Internal growth is not enough and acquisitions are needed to grow the company substantially in order not to be left behind." The company had a cash pile built up from Zantac sales and was facing patent expiry on its older products. It started to look for a partner to help it contain costs and so provide some mid-term revenue.

Wellcome was the ideal choice, says Mr Raggett. As both companies had US head offices in South Carolina and duplication in research and development activities in the UK. Savings could also be made on sales teams who

ist functionals' – companies who specialise in a particular therapeutic area, like Lundbeck with CNS treatments and Zeneca with cancer.

Other types of specialist companies are marketing-led organisations like Medeva and Fisons. Mr Raggett would argue that Glaxo falls into this category because of its marketing muscle. "A lot of Glaxo's drugs are quite old, but it really came into its own marketing Zantac, which stamped all over Smithkline Beecham's Tagamet, virtually the same product, but it was all down to marketing muscle."

Over the counter businesses are also looking for consolida-

Sharpe submits appeal to FHSA

Newbridge pharmacist Allan Sharpe has submitted his appeal against Mid-Glamorgan Family Health Services Authority's decision to fine him \$550 for dispensing NHS prescriptions privately.

The appeal went into the Welsh Office on October 9th, backed by a statement prepared by the National Pharmaceutical Association's solicitors.

"They have formulated an appeal and done their best to keep it very simple at this stage," says Mr Sharpe, who was found to be in breach of his Terms of Service contract by offering patients the option of NHS scripts dispensed privately when the cost was less than the script fee.

The appeal states that the FHSA has misdirected itself, "in particular it did not interpret paragraph 3.1 as it purported to do, but instead sought to appoint a philosophy of the NHS, based on whether it approved or disapproved of what our client was doing and relied on an interpretation on the meaning of 'pharmaceutical services', even though that expression does not appear in paragraph 3.1".

The NPA's solicitors argue that, under the regulations, Mr Sharpe did supply medicines with reasonable promptness. "Nothing in 3.1 prohibits a chemist from treating an NHS prescription as a private script."

Mr Sharpe expects to hear from the Welsh Office within weeks. But he is not hopeful. "I don't feel confident, as the tribunal will get their interpretation [of the regulations] from the same people [as the FHSA]. It's a travesty, a waste of time."

GPs' private script photocopy warning

Doctors who follow the example of Prestatyn GPs, who sign photocopied FP10s at the request of a local pharmacist, are being advised to exercise caution.

The Medical Defence Union has alerted members to the potential for deception and fraud which may arise from receiving photocopied prescriptions.

"You can do amazing things with photocopies these days and you could be presented with a copied prescription to sign which could have been altered," warns Dr David Morgan, a medico-legal adviser with the MDU.

The Union has also pointed out that such a practice contravenes the NHS (General Medical Services) Regulations 1992.

The Scottish Office's time bomb

A potential time bomb is presently ticking away in Scotland, where the Scottish Office is looking into the legality of health boards paying for services which fall "outwith NHS pharmaceutical services" (*C&D* October 14, p528).

The present inquiry has been precipitated by the quite reasonable request from Scottish pharmacists for payment for selling prepayment certificates. If the definition of "NHS pharmaceutical services" is found to be too narrow even to pay for this modest extension of our traditional role, then what hope will there be for the more ambitious suggestions, like lifestyle monitoring, supervised methadone dosing or even domiciliary services?

What is news in Scotland today often becomes England's problem tomorrow. Unless the Scottish regulations are dramatically different from those applying to the rest of the United Kingdom, then all our present efforts aimed at establishing new roles by bidding for new money from health authority budgets could similarly founder.

If the Scottish Office decides that the present regulations do prevent health boards paying for extra services, then they cannot expect pharmacists to provide those services free. Any identified legal problems must be



Topical Reflections

rectified by a priority change in the regulations, not only in Scotland but also in the rest of the UK, and not by attempting to redistribute the present cash-limited global sum.

On my hobbyhorse once again ...

One of my hobbyhorses is the promotion of so-called 'food supplements' for medicinal purposes, but without the constraints imposed by a product licence. A few weeks ago, I was asked for a product called 'Kira', supposed to be a miraculous and safe treatment for depression.

Further investigation became unnecessary, since the very next edition of *C&D* (September 30) described the product and its launch on the UK market by Lichtwer Pharma for the "maintenance of a healthy emotional balance and well-being".

Now, exactly what that means I do not know, but what is clear is that the active ingredient is standardised hypericin obtained from the herb St John's Wort. This is available in Germany as a prescription medicine at 900mcg per tablet for the treatment of depression. Kira contains 300mcg per tablet. So, by natural extension, an antidepressant, when taken at a lower dosage, "maintains a healthy emotional balance"!

Lichtwer Pharma states that it is investigating the possibility of applying for a licence for the stronger formulation, but considers it likely that Kira will remain an unlicensed food supplement! I find this an amazing statement because the company is promoting a herb,

which it states has known pharmacological properties, for unlicensed use at sub-therapeutic dosage to a particularly vulnerable section of the population.

If Kira has genuine and beneficial properties, then Lichtwer Pharma should submit that evidence and obtain a proper licence. I would then be the first to recommend its use. Until that time, I will not stock the product, regretting that once again our woefully inadequate 'food supplement' regulations are being exploited for commercial gain.

Poor pay means poor prospects

At long last the Royal Pharmaceutical Society has come down off the fence to look at the pay of its members (*C&D* October 14, p529). Community pharmacists have for too long been the poor relations of the Health Service and it must be to our advantage to have our professional body supporting the case for better remuneration.

I have calculated that the average contractor earns, net from the NHS, no more than £24,000 per annum and this for almost 100 per cent of their time.

This income is an insult. It must eventually undermine the recruitment of the dedicated graduates without whom the profession cannot progress. This is a real problem currently falling on deaf Departmental ears, but the united talents of the RPSGB and PSNC cannot achieve any less than that presently being achieved by PSNC in isolation.

SCRIPTspecials

Diamox caution

The precautions section of the Diamox data sheet has been amended to include the following additional information: "The pH of parenteral acetazolamide is 9.1. Care should be taken during intravenous administration of alkaline preparations to avoid extravasation and possible development of skin necrosis." **Lederle Laboratories. Tel: 01329 224000.**

Nebuliser fault

Medix says some of the electrical leads supplied to it for nebulisers between 1989 and 1991 have developed faults. Leads for the following models and serial numbers should be returned to the company for a replacement: World Traveller (000001 to 005357), AC 2000 (500001 to 517618) and Traveller 2000 (700001 to 710042). Individual nebulisers should not be returned. **Medix. Tel: 01788 860366.**

New Unilet lancet

Owen Mumford has introduced a new lancet for capillary blood sampling, which has an ultra-thin needle to minimise discomfort and a special cap for safer disposal. The Unilet Universal Comfortouch fits all leading devices and is available on prescription after November 1 in packs of 100 and 200 (trade prices £3.17 and £6.01 respectively). Promotional support includes press adverts, educational literature and in-pack offers. **Owen Mumford Ltd. Tel: 01993 812021.**

Flu vaccine discounts

Unichem is offering pharmacists a discount on flu vaccines. Units of 50 Fluarix 0.5ml will be available at £4.14, a 20 per cent discount on trade prices; 50 Fluzone syringes 0.5ml at £4.33, a 16 per cent discount; and 100 units of Fluvirin 0.5ml syringes at £4.22, a 17 per cent discount. The offer ends in February, 1996. **Unichem plc. Tel: 0181 391 2323.**

Brand to generic

Marplan is no longer available in the branded form but as the generic Isocarboxazid Tablets (50, £6.77). Similarly, Rimifon Ampoules are now available as generic Isoniazid Ampoules (ten, £26.47). **Cambridge Laboratories. Tel: 0191 261 5950.**

New indication for Seroxat

Seroxat (paroxetine), a selective serotonin reuptake inhibitor antidepressant, is now licensed for the treatment of obsessive compulsive disorder (OCD).

It is estimated that 1-2 per cent of the population suffer from OCD, which is characterised by recurrent and persistent unwanted thoughts combined with a compulsion to carry out physical rituals, such as excessive handwashing. About one-third of patients with the condition have major depression when first assessed.

The recommended dose of Seroxat for treatment of OCD is 40mg once daily. A starting dose of 20mg once daily can be titrated upwards in 10mg steps. Some patients may benefit from a dose of up to 60mg daily. The once-daily dose should be taken in the morning with food.

Cloimipramine, a standard treatment for the condition, was compared with Seroxat in a 12-week, placebo-controlled study. Seroxat was found to have comparable efficacy to cloimipramine and was well tolerated, with

fewer patients on Seroxat withdrawing due to side-effects.

The SSRIs Prozac (fluoxetine) and Faverin (fluvoxamine) are already licensed for this indication. A review in the *Drug and Therapeutics Bulletin* earlier this year concluded that they are effective treatments for OCD, but no more so than cloimipramine, which is much cheaper. Seroxat had not then been licensed for this indication, but the *Bulletin* commented that it would probably be as effective as the other SSRIs.

New Ditropan prescribing information

Smith & Nephew has amended the prescribing information for Ditropan Tablets and Elixir. The new doses are listed below.

In elderly patients a dose of 2.5mg (5ml) twice daily is likely to be adequate, particularly if the patient is frail. This may be titrated upwards to 5mg (10ml) twice daily to obtain a clinical response, provided the side-effects are well tolerated.

In children over five years the usual dose for the treatment of neurogenic bladder or nocturnal enuresis is 2.5mg twice daily. This dose may be titrated upwards to 5mg two or three times a day to obtain a clinical response, provided the side-effects are tolerated. When used to treat nocturnal enuresis, the last dose should be given before bedtime.

Smith & Nephew Healthcare Ltd. Tel: 01482 222200.



Eastern Pharmaceuticals has extended the Electrolade range with two new flavours – blackcurrant and orange – as well as Multiflavour packs, which contain the new varieties along with the existing banana and melon. The sachets, containing glucose/electrolyte powder, are used for oral replacement of electrolyte and fluid loss in children and adults arising from diarrhoea. Electrolade is a Pharmacy-only product. The basic NHS price for a box of 20 sachets is £3.99, with a recommended retail price of £7.03. Electrolade Multiflavour is also available in packs of six sachets, with a basic NHS price of £1.20, retailing at £2.11.

Eastern Pharmaceuticals Ltd. Tel: 0181 569 8174.

MEDICAL MATTERS

Discovery of COX isoenzymes opens the door to safer NSAIDs

The discovery of the existence of two different forms of the cyclo-oxygenase (COX) enzyme paves the way for the development of safer non-steroidal anti-inflammatory drugs (NSAIDs).

NSAIDs exert their action by inhibiting the cyclo-oxygenase (COX) enzyme, which facilitates the production of prostaglandins from arachidonic acid. Although prostaglandins do mediate aspects of inflammation, such as pain and swelling, they also play a positive physiological role in protecting the gastric mucosa and maintaining renal perfusion.

Therefore, blanket inhibition of prostaglandin production does produce the desired effect of reducing inflammation but, in some patients, at a cost of peptic ulceration and kidney damage.

Until recently, it was thought that the anti-inflammatory actions and serious side-effects of the treatment were due to inhibition of the same COX enzyme. However, two different forms of the same enzyme have now been identified:

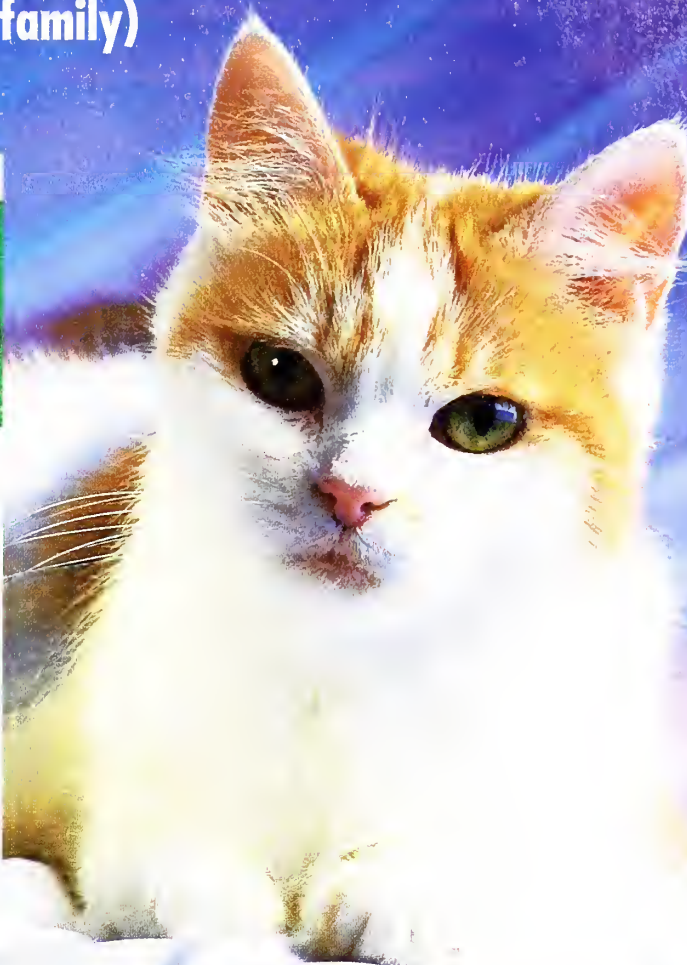
● COX-1, which is normally present in tissue, has the protective functions.

● COX-2 is produced in response to 'pathological stimulation', such as physical injury, and is responsible for prostaglandin production at sites of tissue inflammation.

Developing molecules which would preferentially inhibit the COX-2 isoenzyme could result in highly-potent NSAIDs with minimal side-effects. Research conducted on available NSAIDs has established that the strongest inhibitors of COX-1 are aspirin and indomethacin, the two NSAIDs which cause the most damage to the stomach.

STRONG COUGH RELIEF FOR ALL THE FAMILY...

(well almost all the family)



...MEANS STRONG SALES FOR YOU

Over the past 2 years, MELTUS has added an extra £1 million sales through pharmacy, making MELTUS the strongest performing family range of medicines in the pharmacy cough market.

It is a trend we are determined to see continue with striking new packaging and our biggest ever TV campaign starting in December - which will again feature the cat.

Add to this Seton's excellent promotional deals - and you'll feel like the cat that got the cream.

See your Seton representative for further details.

MELTUS

melts away the misery of coughs fast



The MELTUS Range also includes:
Honey & Lemon Expectorant; Baby Cough Linctus;
Junior Dry Cough; Cough Control Capsules.

ADULT MELTUS DRY COUGH Presentation: Clear, colourless, Loganberry flavoured liquid. Each 5ml contains: Dextromethorphan Hydrobromide BP 10mg, Pseudoephedrine Hydrochloride BP 10mg. **Indications:** Symptomatic relief of dry, non-productive coughs and catarrh. **Dosage and Administration:** Adults and Children aged 12 years and over. One or two 5ml spoonfuls to be taken four times daily. Not to be given to children under 12 years of age. **Contra-indications, Warnings etc:** Contra-indications: None known. Warnings: Patients with cardiovascular disease, hypertension, hyperthyroidism, hyperexcitability, pheochromocytoma, closed angle glaucoma. Use with caution in patients with liver disease and asthma. May increase the difficulty of micturition in patients with prostatic enlargements. **Interaction with other medicaments and other forms of Interaction:** Mono-Amine Oxidase Inhibitors. The activity of the Pseudoephedrine content is diminished by Guanethidine, Reserpine and Methyl dopa and may be diminished or enhanced by Tricyclic Antidepressants, it may diminish the effects of Guanethidine and may increase the possibility of arrhythmias in digitalised patients. **Effects on ability to drive and use machinery:** None. **Use in pregnancy and lactation:** Not to be used. **Other Special Warnings and Precautions:** Do not exceed the stated dose. If symptoms persist for more than seven days or worsen, consult your doctor. Keep out of reach of children. If taking regular medication, consult your doctor before taking this product. **Overdosage:** Mild overdosage of overdosage generally involves supportive and symptomatic therapy, and in cases of severe overdosage, aspiration followed by gastric lavage may be used to empty the stomach. Treatment of Dextromethorphan Hydrobromide overdosage is by the specific antidote, Naloxone. **Legal Category:** P. **Packs:** 100ml. **Price:** £2.34 excl VAT. **P.L.:** 0338/5029. **P.L. Holder:** Cupal Limited, Blackburn. **Date of Preparation:** August 1995. **Further information is available on request from the Licence Holder.**

ADULT MELTUS EXPECTORANT FOR CHESTY COUGHS AND CATARRH Presentation: Oral liquid containing 100mg Guaiifenesin BP, 2.5mg Cetylpyridinium Chloride BP, 0.75mg Sucrose BP, 0.5g Purified Honey BP. **Indications:** For the symptomatic relief of coughs and catarrh associated with influenza, colds and mild throat infections. **Dosage and Administration:** Adults and Children aged 12 years and over. One or two spoonfuls to be taken and swallowed slowly every three or four hours. Not recommended for children under 12 years. **Contra-indications, Warnings etc:** Contra-indications: None known. Warnings: Not suitable for children under 12 years. Very large doses can cause Nausea and Vomiting. Gastro-intestinal discomfort and mild drowsiness have been reported. Use in pregnancy and lactation. No known contra-indications. Side effects: None known. **Legal Category:** GSL. **Packs:** 100ml and 200ml. **Price:** 100ml £2.29 excl VAT. 200ml £3.23 excl VAT. **P.L.:** 0338/5026. **P.L. Holder:** Cupal Limited, Blackburn. **Date of Preparation:** August 1995. **Further information is available on request from the Licence Holder.**

JUNIOR MELTUS EXPECTORANT FOR CHESTY COUGHS AND CATARRH Presentation: Oral liquid containing 50mg Guaiifenesin BP, 2.5mg Cetylpyridinium Chloride BP, 2.5mg Sucrose BP, 0.5g Purified Honey BP. **Indications:** For the symptomatic relief of coughs and catarrh associated with influenza, colds and mild throat infections. **Dosage and Administration:** To be taken three or four times daily. Children over 6 years: Two 5ml spoonfuls. Children 2 - 6 years: One 5ml spoonful. Children under 2 years: On medical advice only. **Contra-indications, Warnings etc:** Contra-indications: None known. Warnings: Children under two years on medical advice only. Very large doses can cause Nausea and Vomiting. Gastro-intestinal discomfort and mild drowsiness have been reported. Use in pregnancy and lactation. No known contra-indications. Side effects: None known. **Legal Category:** GSL. **Packs:** 100ml. **Price:** £2.09 excl VAT. **P.L.:** 0338/5021. **P.L. Holder:** Cupal Limited, Blackburn. **Date of Preparation:** August 1995. **Further information is available on request from the Licence Holder.**

Seton
Healthcare Group plc
MELTUS is a Trade Mark of Seton

Lemsip goes for extra power

Reckitt & Colman has launched Lemsip Power+, a hot drink which combines ibuprofen and pseudoephedrine.

Lemsip Power+ (ten sachets, £3.99) is positioned for flu and heavy colds, and contains 400mg ibuprofen and 60mg pseudoephedrine in a sodium saccharin base.

The recommended dose for adults and children over 12 years is one sachet every four hours, with a maximum of three sachets in 24 hours. The product is not recommended for children under 12 years.

A TV campaign will break in November and



POS will include counter units and a free-standing 'Cold Advice Centre' unit.

Reckitt & Colman says Lemsip Power+ is the first soluble ibuprofen/pseudoephedrine combination hot drink on the market and clinical trials have shown it to be effective within 30 minutes of drinking.

Reckitt & Colman Products. Tel: 01482 326151.

Tixylix wants to help make it better for mums and dads

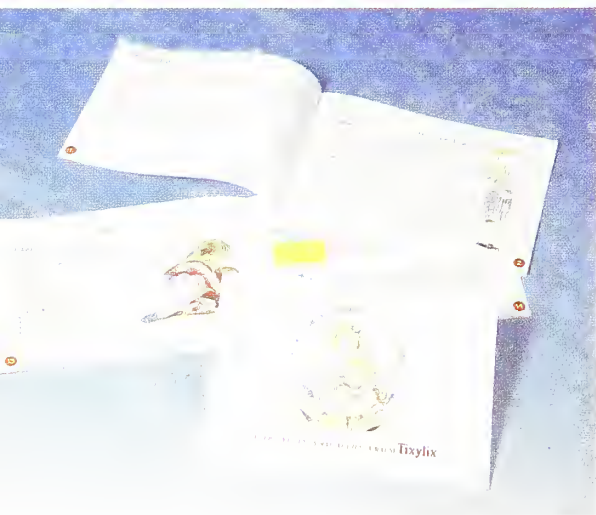
'Making it better – paediatric healthcare advice for mums and dads' is a new booklet from Tixylix.

The 16-page publication covers a range of topics in six chapters: Ear, Nose and Throat, Tummy Troubles, Infectious Diseases, Eczema and Baby Skin Problems; The Nasties

(headlice, worms and verrucas); and Emergencies (choking, burns and poisoning).

Copies are available free of charge by writing to:

Barbara Davies, Tixylix Booklet (Pharmacy), 7 The Business Centre, Molly Millars Lane, Wokingham, Berkshire RG41 20Z.



Fresher Rennie

Roche Consumer Health is introducing a smoother, milder version of its Rennie indigestion remedy.

The fresher-tasting Rennie bears a 'new' flash for shelf impact and its launch will be supported by a \$1.2 million national TV and press advertising campaign (running through November and December).

● The indigestion market is worth \$54 million, up 8.5 per cent on last year and Roche holds 42.9 per cent of the tablet total (Nielsen). In the treatment of minor ailments, research says that 51 per cent self-medicate.

Roche Consumer Health. Tel: 01707 366000.

Beechams hots up the flu war

Smithkline Beecham has added a flu-strength product to its hot drink remedies range.

GSL Beechams Flu-Plus (five sachets, \$2.29) is a new hot lemon powder formulation which contains paracetamol 1,000mg, phenylephrine hydrochloride 10mg and vitamin C 40mg.

The product is positioned in the flu treatment sector because of its extra-strength paracetamol – Beechams Hot Lemon contains only 600mg of the analgesic.

The dose for adults and children over 12 years is the contents of one sachet to be taken (dissolved in hot water) every four to six hours as



necessary, up to four times a day. Flu-Plus is not recommended for children under 12, except under medical advice.

The launch will be supported by a \$1.6 million TV advertising campaign, which will focus on the product's 'powerful' formulation. **Smithkline Beecham Consumer Healthcare. Tel: 0181 560 5151.**

Zovirax pumps it up for cold sores



Zovirax Cold Sore Cream is now available as a pump dispenser in addition to the original tube format.

Zovirax Cold Sore Pump (2g, \$5.99) offers controlled delivery in a robust, easy to carry pack and is ideal for people on the move who need to catch the 'tingle' stage early, says the company. The design also means less mess and less waste.

New merchandising material has been designed to support the launch, which includes a

counter unit with a Zovirax lenticular lens, giant dummy cartons, consumer leaflets, counselling aids for pharmacy assistants and a competition.

A \$2.5 million nationwide TV burst is planned in December supported by advertising in the national and women's press. A \$500,000 PR campaign is also planned over the winter and through to the summer months.

Warner Wellcome Consumer Healthcare. Tel: 01703 641400.

Manchester United sports drink kicks off

It may be in a different league from Newcastle Brown Ale, but Manchester United – the Magpies' main rival this season – is out to prove that 'anything you can do, we can do better' with its very own isotonic sport and vitamin drink.

The 250ml cans (£0.59) have been specifically designed to represent the team's shirts. The classic red can's contents have a lightly-carbonated citrus flavour, while the away strip can (white with blue spots) has a tropical fruits' flavour. Both have added vitamins.

The drink effectively ends the team's long association with Smithkline Beecham's Lucozade. United's players will use the new products at all match and training days, no other isotonic sport and vitamin drink will be available at the Old Trafford ground. **Natural Line (UK) Ltd. Tel: 0121 585 0225.**

An open and shut case for Tyrozets[®]



**Antibiotic power
to fight
throat infection**



**Rapid anaesthetic
relief from
throat pain**

The case for recommending Tyrozets is stronger than ever.

We've added eye-catching new packaging and impactful display material.

And we're offering winter deals to generate the profit your support deserves.

A strong formula. A trusted brand.

A powerful pharmacy support package.

We rest our case!



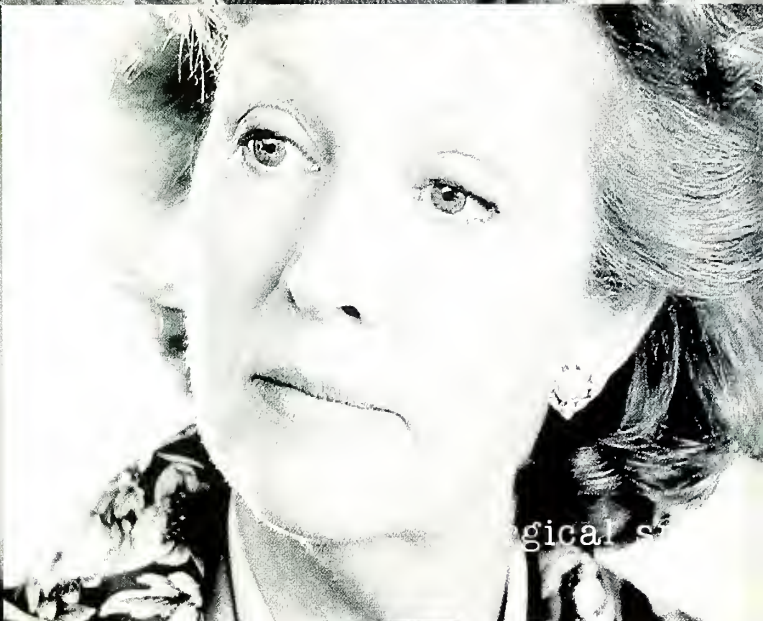
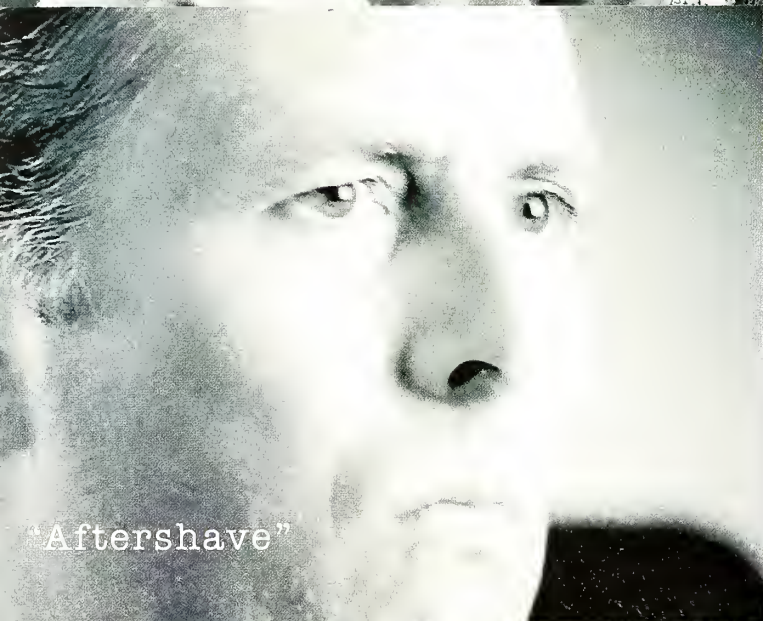
The antibiotic throat lozenge

[®] indicates registered trademark of Merck & Co Inc, Whitehouse Station, NJ, USA ©Centra Healthcare 1995

Product Information - Tyrozets: Pink, aniseed flavoured lozenges containing Tyrothricin USP 1mg and Benzocaine BP 5mg. **Pack Size:** Twin vials of 12 lozenges. **Dosage:** Adults: 1 lozenge every three hours, maximum, 8 lozenges in 24 hours. Children (over three years): reduced dosage. Maximum period of use 5 days. **Uses:** For the relief of minor mouth and throat irritations, secondary irritation following mouth and throat surgery. **Contraindications:** Hypersensitivity to tyrothricin or benzocaine. **Warnings and precautions for use:** If new infections due to bacteria or fungi appear during therapy, Tyrozets should be stopped and appropriate measures taken. Tyrozets contain sucrose, which may produce dental caries and

destabilise diabetes. When anaesthesia is at a maximum, it may be necessary to avoid food or rinse the mouth after eating to avoid further trauma to the mucus membranes. **Side-effects:** Blackness or soreness of the tongue may occur but usually disappears when therapy is stopped. Skin rashes have been reported after benzocaine administration. **Overdosage:** Treatment of overdosage should be symptomatic and supportive, emesis or gastric lavage should be used. **Product Licence Number:** PL 13249/0004. **Product Licence Holder:** CENTRA HEALTHCARE, Enterprise House, Loudwater, Bucks, HP10 9UF. **RSP:** £1.65 24 Lozenges P. Pharmacia, only distributors. **Date:** 14 September 1995

DON'T DO THAT !



ESSENTIAL INFORMATION PRESENTATION 5% w/w aciclovir in water miscible cream base. **USES** Cold Sore treatment. **DOSAGE AND ADMINISTRATION** Apply 5 times a day for 5 days. It is important to start treatment as early as possible after the start of an infection, ideally during the tingle phase. If healing has not occurred, treatment may be continued for up to an additional 5 days. **CONTRA-INDICATIONS, WARNINGS, ETC** *Contra-indications:* Zovirax Cold Sore Cream is contra-indicated in patients known to be hypersensitive to aciclovir or propylene glycol. *Precautions:* Zovirax Cold Sore Cream should only be used on cold sores on the lips and face. Do not apply inside the mouth or in the eye. Do not use for herpes infections of the eye or the genital area. Do not use if the patient is under

DO THIS !

Pump up the volume with our new pump and massive national TV support

Go higher than you've ever been before with this new high-profit opportunity for pharmacies. Simply enter our *Reach New Heights with Zovirax Cold Sore Cream* competition - and you could find yourself scaling the stunning pyramids of Egypt or visiting the awesome Space Needle in Seattle, and the majestic Rocky Mountains of Washington State. See insert below for more details.

Warner Wellcome

CONSUMER HEALTHCARE



Now there are 2 ways to prevent a cold sore, original tube
or new pump pack - the ultimate for convenience



New controlled-delivery pump

The only product where early use can prevent a cold sore appearing

the care of a doctor because of a weak immune system. Side and adverse effects: Transient burning or stinging may follow application. Mild drying or flaking of the skin has occurred in about 5% of patients. Erythema, itching and contact dermatitis have been reported rarely following application. **RETAIL SELLING PRICE** Subject to Retail Price Maintenance 2g tube - £5.29, 2g pump - £5.99. (PL 3/0304) **LEGAL CATEGORY P.** Further information available on request: Medical Affairs Department, Warner Wellcome Consumer Healthcare, Building 29, Temple Hill, Dartford, Kent, DA1 5AH. **DATE OF PREPARATION** October 1995 BQCD 92/02 ZOVIRAX is a trademark of Glaxo-Wellcome PLC.

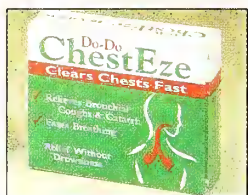
Do-Do relaunched as Chesteze

Zyma has relaunched Do-Do tablets as Chesteze with new packaging and positioning.

Do-Do Chesteze (12 tablets, £1.44; 30, £2.88) has been moved from its traditional 'breathlessness' treatment stance, used primarily by older males, to a bronchial/chesty catarrh product, which the company hopes will appeal to more women and a younger age group (40-plus).

The new packaging has been 'demasculinised' and carries clearer indications.

Do-Do linctus will be reformulated with a new



flavour and its packaging updated early next year.

The relaunch is being supported by direct mail, targeting 250,000 smokers, and a \$600,000 national press campaign next February/March.

A counter assistants' training package and POS material are available for the trade.

Zyma Healthcare. Tel: 01306 742800.

Oruvail backs NBPA directory



Oruvail gel is sponsoring a new directory produced by the National Back Pain Association.

It lists over 1,000 NBPA professional members with a stated interest in treating back pain. Also included is information on over 70 orthodox and complementary therapies, from acupuncture to zero balancing.

● Back problems form the biggest illness group of people of working age, according to Rhone-Poulenc Rorer. The Department of Health reports that 105.8 million working days were lost due to back problems during 1994.

Copies of the directory (£5.99) are available from: **National Back Pain Association, 16 Elmtree Road, Teddington, Middlesex TW11 8ST.**

Alka-Seltzer and Remegel on TV

Warner Wellcome is backing two of its 'seasonal rush' brands, Alka-Seltzer and Remegel, with a \$2 million advertising spend.

The Alka-Seltzer 'living ice bucket' commercial will be back on TV screens from November 27. There will also be additional cinema and radio campaigns.

Remegel's TV ad will be aired from December 3, using the innovative pixel technique campaign first seen in the spring.

Warner Wellcome Consumer Healthcare. Tel: 01703 641400.

Free guide to coughs and colds

Windsor Healthcare has introduced a new, free consumer guide, entitled 'The Hill's Balsam guide to coughs and colds'.

The 16-page booklet gives consumers concise information on the symptoms that differentiate a cold, flu or cough, and indicates when to seek professional help. It also contains a glossary of classic ingredients in cough and cold remedies, explaining exactly what

Bazuka blast

According to IMS data for August, 1995, Dendron's OTC verruca treatment, Bazuka Gel, is now number one in OTC sales in the market, with sales in the region of £250,000.

The product – which also treats warts, corns and calluses – has been supported this year by a £1.5 million advertising and promotion spend.

TV and national press advertising featured the 'Bazuka that verruca' tagline.

Dendron Ltd. Tel: 01923 229251.

Bradosol adds Cherry Menthol



Zyma is introducing Cherry Menthol Sugarfree Bradosol this winter.

The new variant will be backed by sampling to 400,000 consumers in January next year. Bradosol is also included in Zyma's winter remedies window display.

Further developments for Bradosol Plus are expected next year.

Zyma Healthcare. Tel: 01306 742800.

Deep Relief rights

Eastern Pharmaceuticals has taken over the distribution rights for marketing Deep Relief 100g as of November 1.

Eastern Pharmaceuticals Ltd. Tel: 0181 569 8174.

Book it with Herbalforce

Herbalforce is running a special offer on its Menocare herbal supplement: a complementary copy of Dr Miriam Stoppard's book on the menopause is available with orders of 18 or more packs.

Herbalforce recommends the publication for use at point of sale within the women's health section.

Copies of the book (\$14.99) are available from the company.

Herbalforce Natural Products Ltd. Tel: 01666 505025.

Cough & Cold brochure

Unichem is producing a Cough & Cold brochure, which highlights top branded and own-brand products.

On own-brand products, there is 20 per cent off the trade price for every five cases or more purchased. This offer runs from November 1 to December 31.

Unichem plc. Tel: 0181 391 2323.

Smile with SMA

SMA Nutrition has produced a dental care leaflet that offers parents advice on how to care for their babies' teeth.

It gives details on sugars in infant milks and mixed diets, fluoride and good feeding practices.

Copies are available – free of charge to pharmacists – by contacting Mindy Pursey on 01892 516020.

SMA Nutrition. Tel: 01628 660633.

Essential Information

Indication: Flu and Heavy Colds.

Contents: Each Sachet contains Ibuprofen Ph. Eur 400mg and Pseudoephedrine HCl Ph. Eur 60mg in a base containing sodium saccharin. Each sachet contains 503mg of sodium.

Dosage and Directions: Adults and Children 12 and over: one sachet dissolved in hot not boiling water. One sachet every 4 hours. No more than 3 sachets in 24 hours. Children under 12: not recommended.

Contra-Indications, warnings etc Ibuprofen should be avoided by patients with a stomach ulcer or other stomach disorder, patients who are taking or have recently taken MAOI drugs. Patients receiving regular medication, asthmatics, anyone allergic to aspirin or other NSAIDs, pregnant women and anyone who has been told to keep to a low salt diet should consult their doctor before taking this medicine.

Pseudoephedrine may interact with antihypertensives and other sympathomimetics. Use with caution in glaucoma. It should not be used by patients suffering from severe coronary heart disease, hypertension or who are allergic to pseudoephedrine. In Pregnancy, use only on doctor's advice. Rarely, reactions such as dry mouth or restlessness may occur. **RSP price:** 10 sachets, £3.99 (P). **PL:** 63/0082. **PL Holder:** Reckitt and Colman Products Ltd., Dansom Lane, Hull, HU8 7DS. **Legal Status:** P. **Date of preparation:** September 1995.

References:

1. Data on file, Reckitt & Colman Products Ltd.
2. Data on file, Reckitt & Colman Products Ltd.

Date of preparation: September 1995.

Lemsip, Lemsip Power+ and the sword and circle symbol are trademarks.

Remove and keep this sticker to obtain a free gift from your Reckitt & Colman representative.



Reckitt & Colman Pharmaceuticals

RECKITT & COLMAN
PRODUCTS

Fragrance fit for a little princess



The passion for everything branded 'Pocahontas' continues unabated and the latest recruit is Pocahontas the fragrance.

Targeted at eight- to 14-year-old girls, it has top notes of bergamot and orange.

There are three packs available: 'The Little Squaw', 100ml at \$12.65, 'The Meeting' in two sizes, 50ml (\$8.75) and 100ml; and 'The Triumph of Love', also available in the two sizes.

Cecile Distribution. Tel: 0181 594 9923.

Atkinsons revisited after 20 years



Brand Managers is re-introducing the House of Atkinsons' classical ranges after a 20-year absence from the UK.

They comprise three fragrances: English

Lavender, Gold Medal and For Gentleman. Eaux de colognes are available in both English Lavender and Gold Medal, and will retail at around \$9.95 for 40ml (as will the 90ml after shave in For Gentleman).

Toiletry items are available in all three, and range in price from \$3.95 for a shaving cream to \$7.50 for a 200ml deo.

Brand Managers Ltd. Tel: 0181 286 6688.

ON TV NEXT WEEK

Bazuka Gel: GMTV

Clairol Loving Care/Lasting Colour: STV, B, G, T, TT, C4

Ibuleve Gel & Spray: C4

Imodium: All areas

Nivea Visage: All areas

Otex Ear Drops: C4

Pearl Drops Baking Soda Polish: B, G, C, A, M, GMTV

Rennie Rap-eze: All areas

Wrigley's: All areas

Wisdom Contour: All areas

GTV Grampian, B Border, B Sky B British Sky Broadcasting, C Central, CTV Channel Islands, LWT London Weekend, C4 Channel 4, U Ulster, G Granada, A Anglia, CAR Carlton, GMTV Breakfast Television, STV Scotland (central), Y Yorkshire, HTV Wales & West, M Meridian, TT Tyne Tees, W Westcountry

What's the story, Morny glory?

International Classic Brands is offering special Morny pre-packs.

The rsps are \$2.49 for the bath gel, body lotion and bath powder, and \$2.99 for the soap. The pre-packs enable them to be sold at \$1.99.

Each contains: 75g x three soap (18 of each fragrance); 200ml bath and shower gel (12 of each fragrance); 200ml body lotion (six of each fragrance) and 200ml body powder (12 of each fragrance).

ICB. Tel: 0181 579 6060.



A sporty Christmas from Slazenger

Two Slazenger gift sets are available from Sara Lee this Christmas.

The new-look packs sport strong blue and red graphics and communicate the brand's 're-energise your body' positioning, the company says.

A boxed gift set retails at \$3.89 and combines a 200ml shower gel and shampoo with a 150ml antiperspirant deodorant. The same products are also available in a travel kit, presented in a blue case, priced at \$6.99.

Sara Lee UK Ltd. Tel: 01753 523971.



Ibuleve stance

Dendron and Diomed Developments have pledged that Ibuleve is to remain a Pharmacy-only product.

Dendron Ltd. Tel: 01923 229251.

AAH offers

Top of the best buys in AAH

Pharmaceuticals' Monthly Offers Magazine for November are cough and cold products, such as Benylin cough medicines, Kleenex tissues, Night Nurse and Meltus. **AAH Pharmaceuticals Ltd. Tel: 01928 717070.**

Monsoon winner

Monsoon, the volume prestige fragrance from Coty, has won the 1995 DBA Design Effectiveness Award in the branded non-food packaging category. Commended in the same category was Kodak's single-use camera.

Tiger tennis

The Stockholm Tennis Open is to be televised on EuroSport in association with Tiger Balm, the exclusive sponsor of the transmissions. The tournament takes place from November 6-12. **LRC Products Ltd. Tel: 01992 451111.**

Agfa offer

Agfa has teamed up with Lego to give consumers a Lego freestyle pack when they buy two packs of High Definition Color film. Floor-standing units and a full range of POS are available for the promotion. **Agfa-Gevaert Ltd. Tel: 0181 560 2131.**

Product Information. Nurofen 400.

Each tablet contains 400mg Ibuprofen BP.

Indications. Effective in the relief of

headaches, cold and 'flu symptoms, rheumatism

and muscular pain, backache, fever, migraine,

period pain, dental pain and neuralgia.

Dosage and Administration. Adults and children

over 12 years: Initial dose 1 tablet, then if

necessary 1 tablet every 4 hours. Do not

exceed 3 tablets in any 24 hours.

Precautions and Warnings: As with some other

pain relievers, Nurofen 400 should not be

taken by patients with a stomach ulcer or other

stomach disorder or hypersensitivity to

ibuprofen. Patients receiving regular

medication, asthmatics, anyone allergic to

aspirin, and pregnant women should be

advised to consult their doctor before taking

Nurofen 400. In normal use, side effects are

very rare, but may occasionally include

dyspepsia, gastrointestinal intolerance and

bleeding, and skin rashes. Not recommended

for children under 12. If symptoms persist for

more than 3 days, patients should be advised

to consult their doctor.

Product Licence Number: 0327/0035.

Licence Holder: Crookes Healthcare Limited,

Nottingham, NG2 3AA. Legal Category: P.

Price: Nurofen 400 24's £4.49.

Date: June 1995.

Reference: 1. Busson, M., J. Int. Med. Res.

1986, 14, 53.

NUROFEN

Contains ibuprofen

*'Tony Hanks tackled
me, and I must've
twisted my back
when I went down!'*

'TAKE NUROFEN 400'

Unlike paracetamol, Nurofen combines effective analgesia with anti-inflammatory properties; compared to aspirin, it's gentler on the stomach¹. That makes it ideal for backache and other soft tissue problems. And Nurofen 400 makes sure a full 400mg dose is delivered with only one tablet.

WHATEVER THE PAIN, YOU'VE GOT A NUROFEN ANSWER



NI stats ...

Northern Ireland pharmacists and appliance contractors dispensed 1,504,828 prescriptions in July, at a net ingredient cost of £12,938,174.24. The net ingredient cost per prescription totalled £8.5978.

... and Scots stats

Pharmacists and appliance contractors in Scotland dispensed 4,038,135 prescriptions in July, at a gross cost of £38,635,752. The net cost per prescription was £8.8733 and £8.9741, respectively.

Vitabiotics in clinics

Vitabiotics' research reveals that 87 per cent of women would like more information in the surgery about osteoporosis and calcium supplements. As a result, the company is to sponsor videos in GP well-women clinics, featuring its Osteocare supplement.

R&C says SNAP

Reckitt & Colman is sponsoring an anti-drugs campaign. The SNAP (Say No And Phone) initiative urges people aged 13-25 to say no to drugs and give details of suppliers, manufacturers and distributors to the charitable Crimestoppers Trust. The Freefone SNAP number is: 0800 555 111.

Breast cancer

The UK National Breast Cancer Coalition is to be launched on October 31, with 300 women around the country taking part in photocalls to represent the number of women dying each week from the disease. Pharmacists and assistants interested in attending should contact Charlotte Rollings on 0171 371 1510.

Mental health award

The Department of Health is setting up an awards scheme for good practice in mental health services. Details will be announced later this year.

Teacher guidelines

The Department of Education is to produce guidelines on the administration of medicines in schools later this year.

Diabetes charities

An unregistered diabetes charity, which was accused of 'passing itself off' as being the same or connected to the British Diabetic Association, has lost its case in the High Court.

PSNC to press for temazepam dead stock compensation

The Pharmaceutical Services Negotiating Committee is to press the Department of Health on pharmacist compensation for temazepam capsule dead stock.

The move follows the announcement that the capsule formulation of the UK's most popular prescribed sleeping drug will no longer be prescribable on the NHS from January 1, 1996.

"There will clearly be residual stock," says PSNC's Mike King. He believes the matter "is bound to be featured" at the group's next meeting with DoH officers.

The Government implemented the ban after a consultation exercise which garnered 95 per cent support.

Secretary of state for health Stephen Dorrell defends the action saying: "It is necessary to

protect public health and safety and will add to other initiatives already under way to combat the problem of temazepam abuse." These include the rescheduling of the drug to Schedule 3 of the Misuse of Drugs Act.

However, not everyone is happy with the announcement.

Don Barrett, director of corporate affairs at Wyeth, makes the comment that: "We did have a degree of expectation that this might happen. It is a disappointment in the sense that the drug has been valuably used by many millions of patients for its proper purpose."

The Epsic Consultancy and RP Scherer, which have manufactured temazepam capsules for 20 years, believe it "would paradoxically put public health and

safety at greater risk."

They argue that the harmful effects associated with temazepam capsule injection is caused by the drug itself, not the gel-fill formulation, and that the large amount of insoluble particulates in tablets renders them "more dangerous than capsules when injected". With tablets remaining available, addicts will simply switch formulations, they add.

● The DoH is to issue guidance on benzodiazepine prescribing "shortly", the DoH's parliamentary under-secretary of state, Baroness Cumberlege, announced in the House of Lords on Tuesday. "We are convinced in some cases [benzodiazepine prescribing] is inappropriate," she says.

CAPOs under review

The role of the chief administrative pharmaceutical officer is being examined by the Scottish Office.

A working group was set up earlier this year and a report is due "as soon as possible", says a Scottish Office spokesperson.

Of the 12 health boards in Scotland, two – Tayside and Fife – are currently without a CAPO, while Lothian has an acting CAPO.

Regulations review ruled out

The Department of Health has ruled out a review of the NHS regulations under which pharmacists can be punished for supplying items at less than the standard prescription charge.

Baroness Cumberlege, the junior health minister, defended the system where around half of the items prescribed cost less than the \$5.25 charge.

"In some cases, patients pay more than the cost of the item, in others they pay less," she told the House of Lords.

She defended the system of cross-subsidy, adding that the average cost of items is \$8.80.

She also rejected a plea from the Labour peer Baroness Jay that charges be included in a 90-day review of NHS administration costs announced by the health secretary, Stephen Dorrell, at the Tory conference in Blackpool (C&D last week, p540).

Welsh health promotion gets appointments boost

Health promotion through Welsh pharmacies gets a boost with the creation of two new positions.

Following the launch of a Health Promotion Wales report on pharmacy health promotion work (C&D last week), the organisation is to appoint a pharmaceutical adviser and health promotion facilitator.

The adviser will offer strategic and policy advice of a pharmaceutical nature to HPW for one session a week. The health promotion facilitator will co-ordinate the operational side of the recommendations made in the report through a collaboration between HPW and the Welsh

Centre for Postgraduate Pharmaceutical Education.

One of the first tasks the successful candidate will have, says Nikki Davey, senior research associate at the WCPPE, is to move forward on the support for pharmacy leaflet displays.

Other areas of work will include trying to support developmental project work; to determine the training needs of pharmacists and look at the competency aspect of these needs; linking with the Pharmacy Healthcare Scheme; and ways in which the pharmacy can be better integrated with health promotion campaigns.

Essex referral forms on trial

A six-month project to evaluate pharmacy referral forms kicks off this month in West Essex.

The pilot will focus on the nine pharmacies and all GP practices in Harlow (only two surgeries refused to participate).

Protocols have been drawn up to determine when a pharmacist is to use the specially-devised referral form: primarily when the pharmacist considers that the patient requires GP advice or treatment, rather than that of the pharmacist.

"The pharmacists also have the

facility to use the system to draw attention to any aspect of treatment," adds LPC secretary John Stanley.

The LPC hopes to expand the service to other areas of Essex if the pilot proves successful.

The LPC is also encouraging members to return FHSA questionnaires on non-contract pharmacy services needed to compile a pharmaceutical directory. Mr Stanley believes the directory is to the benefit of LPC members, "because then the FHSA will see how much we are doing".

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Reference 1. Gloor M, Falk M, Friedrich HC. Sonderdruck aus Zeitschrift Hautkrankheiten 1975; 50 (10): 429-436.

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Research in Dermatology

PHARMACYupdate

Antibiotic resistance

How great is the problem of increasing resistance to antibiotics in Britain

Treating depression

In the second part of our series we look at how depression can be managed

Research Digest

What factors influence a woman to take HRT and can it also help insomnia?

End of the miracle?

It is almost 18 months since *Newsweek* inspired headlines like 'Antibiotics: the end of miracle drugs?' – presenting evidence which could terrify the average member of the public.

From a British perspective, this was somewhat over the top. That is not to say we do not have any problems – the micro-organisms which are a growing threat are listed in Table 1.

The reasons for this list growing over the past few years are many. However, the major issues must be the irresponsible use of antibiotics, both in hospital and general practice.

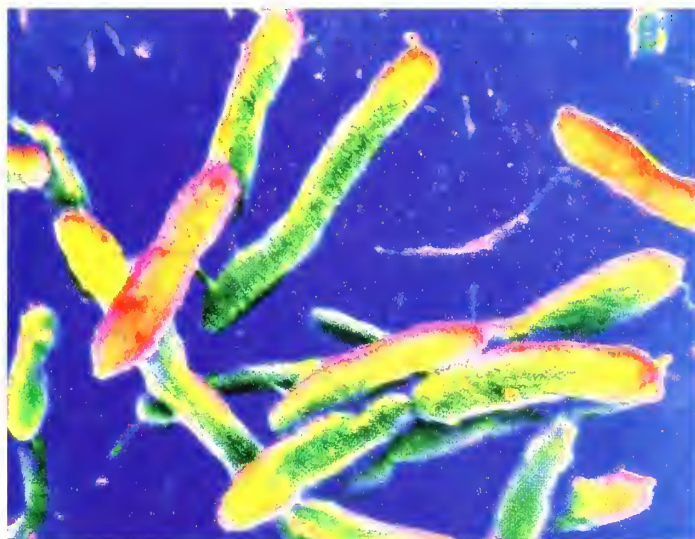
In the hospital these agents are initiated, often without much thought, evidence or logic, while in general practice, the FP10 is being written to treat the patient, not the infection.

In our cost-cutting frenzy we are still giving out antibiotics, but at lower doses, and for a shorter time. We seem to be forgetting the basic pharmacology of these agents. It is clearly nonsensical to prescribe the same course of antibiotics to an eight-stone lady as to an 18-stone labourer. Sub-optimal dosing leads to one thing – bacterial resistance.

Antibiotic action

Before we can understand the issue of bacterial resistance, it is important to realise that by using antibiotics we employ several different ways to kill the organism (see Table 2).

The ability of bacteria to develop resistance to antibiotics has haunted microbiologists for over 50 years. However smart we believe we are, the bacteria have regularly shown



An *Alcaligenes ruhlandii* cluster, resistant to a number of antibiotics

The late 20th century has been dominated by the fight against infection which, until now, has seen mankind the victor. But don't get complacent, warns Bayer's scientific relations specialist, Glenn Tillotson

themselves to be considerably smarter. This in no small part is due to their replication time of 20 minutes. Coupled with their alarming promiscuity, it allows them to capitalise on

useful, protective genetic changes.

Resistance may already exist within the genetic make-up of the micro-organism via intrinsic resistance or the mechanism(s) may be

acquired through exogenous genetic material. This acquired component may confer single or multiple resistance mechanisms.

The conferral of beneficial genes can take place via one of two routes – chromosomal or plasmid mediated transmission.

The first approach merely means that a gene is transferred to a daughter progeny, while the latter mechanism allows transfer, not only to daughter cells, but also to other cells to which it can become attached and transfer the plasmid.

Clearly, plasmid mediated resistance is more significant in numerical and epidemiological terms. The only class of antibiotics not yet found to have plasmid mediated resistance is the quinolones, (eg ciprofloxacin). All the other major classes possess mechanisms borne on a plasmid.

These plasmids not only skip among Gram-negative species, such as *E coli* to *Proteus* to *Serratia*, but recent evidence has shown that movement can occur from Gram-positive to Gram-negative species. The prospect of *staphylococci* and *streptococci* acquiring resistance mechanisms from the Gram-negative species which lurk in our hospitals is indeed frightening.

Resistance options

In broad terms there are four resistance mechanisms borne by bacteria.

● Altered target site

This is a modification of the 'lock and key' principle. By virtue of changing one molecule, a significant

Table 1: UK pathogens with resistance problems

<i>Staphylococcus aureus</i> (hospital)	Methicillin, aminoglycosides, all but glycopeptides
<i>Haemophilus influenzae</i>	Amoxycillin, tetracycline, macrolides, chloramphenicol
<i>Streptococcus pneumoniae</i>	Macrolides, tetracycline
<i>Eschericia coli</i>	Amoxycillin, trimethoprim
<i>Klebsiella</i> sp	Penicillins, cephalosporins, aminoglycosides
<i>Pseudomonas aeruginosa</i>	Penicillins, cephalosporins, quinolones (in cystic fibrosis patients)
<i>Enterococcus</i> sp (hospitals)	Aminoglycosides, amoxycillin, glycopeptides

Continued on P11 ►

Table 2: sites of antibiotic action

Target	Antibiotic
Dissolve cell wall	Penicillins, cephalosporins
Prevent RNA synthesis	Erythromycin
Prevent protein synthesis	Tetracycline, aminoglycoside
Stop DNA synthesis	Quinolones
Stop essential metabolism	Trimethoprim, sulphonamide

Table 3: likely bacterial pathogens in community

Infection	Organisms encountered
Upper respiratory (sinusitis/otitis media)	<i>Haemophilus influenzae</i> *, <i>Streptococcus pneumoniae</i> , <i>Moraxella catarrhalis</i> , <i>Staphylococcus aureus</i>
Pharyngitis	<i>Streptococcus pyogenes</i> (group A)*
Lower respiratory (bronchial) (pneumonia)	<i>Haemophilus influenzae</i> *, <i>Moraxella catarrhalis</i> , <i>Streptococcus pneumoniae</i> , <i>Streptococcus pneumoniae</i> *, <i>Mycoplasma pneumoniae</i> , <i>Haemophilus influenzae</i>
Urinary tract cystitis/pyelonephritis	<i>Escherichia coli</i> *, <i>Klebsiella</i> sp, <i>Proteus</i> sp, <i>Enterobacter</i> sp

* Indicates predominant pathogen

◀ Continued from PI

change in the structure of the site of activity can occur. For example, the alteration of one molecule in the sub-unit of the RNA ribosomal sub-units (23s) can induce resistance to the macrolides, such as erythromycin.

Other examples of this type of change include alteration of the penicillin-binding proteins found within the cell-wall, leading to penicillin resistance; or a single base-pair change in the enzyme DNA gyrase may render an organism resistant to the quinolones.

● Bacterial enzymatic attack

Bacteria have constantly been producing a wide range of enzymes as a means of protection or obtaining foodstuffs from the environment. Some of these enzymes have conferred a remarkable benefit, such as the beta-lactamases. These chemicals can degrade penicillins and cephalosporins.

Indeed, it has recently been shown that, despite man's efforts to block these enzymes by use of a beta-lactamase inhibitor (such as clavulanic acid), the bacteria have now developed enzymes which digest these 'antibacterials'. What is most concerning is their rising incidence in the community.

Also affected, by bacterial enzymatic attack are the aminoglycosides and also chloramphenicol. In these cases, bacterial enzymes catalyse the addition of a specific moiety onto the antibiotic, thus rendering it ineffective.

● Feedback mechanism

This is a classical approach adopted by bacteria. Use of alternative biochemical pathways allows the bacteria to 'side-step' competitive molecules. A good example is that of the mechanisms employed to resist trimethoprim's action on the folic acid pathway.

● Reduced or inhibited cellular access

Probably one of the most widely used methods among Gram-negative bacteria is that of altering the structure of the bacterial cell wall, usually by modification of the proteins known as outer membrane proteins (OMP).

These proteins act as channels for both nutrients (and, unwittingly, antibiotics) and waste substances. This type of change usually results in resistance developing to multiple antibiotics, such as carbanepems, quinolones and aminoglycosides. However, in their effort to protect themselves, it is thought that the reduced access of nutrients may be detrimental and result in a longer generation time.

Disease states

Before we look at the levels of resistance in certain species, it is worth reviewing the true incidence of pathogens in certain infectious diseases.

Respiratory tract infections in the community fall into three types: upper (including sinusitis and pharyngitis), lower bronchial and lower pneumonia.

These infections account for the large part of a GP's infectious workload. The

other main components of this workload include urinary tract infections (mainly cystitis). Table 3 shows the main pathogens.

How do our 'work a day' antibiotics face up to these typical infections?

If one works on the premise that you would like an antibiotic to be predictably active at least 90 per cent of the time, Tables 4 and 5 show how community isolates from both UTI and LRTI fare against the typical GP antibiotics.

However, one of the key features of some antibiotics is their ability to penetrate into tissues to concentrations considerably in excess of concurrent serum levels. The best examples of these super-penetrators are the quinolones and the macrolides/azalides. Thus, the levels advised are likely to be markedly exceeded by the bronchial tissue alveolar macrophage and urinary concentrations.

In terms of UTI, it is still reasonable to treat first-time cystitis with agents such as amoxycillin or trimethoprim. If the attack remains unabated, switch from one to the other. However, if the third visit still shows evidence of UTI, then an agent, such as a quinolone or nitrofurantoin, would be logical. Often a three-day course is sufficient to achieve a satisfactory outcome.

On the respiratory front, once the doctor has made a diagnosis, decisions based on UK data seem straightforward. Fortunately, we do not have the massive penicillin-resistant pneumococcal problems seen in parts of Europe, but complacency is dangerous.

On the upper RTI front, penicillin is logical for pharyngitis, while sinusitis/otitis needs an agent which will penetrate the tissues and be active, eg a macrolide, trimethoprim or quinolone. In lower RTI terms, pneumonia needs a combination of beta-lactam and macrolide to cover the main likely agents.

However, with bronchial infections one has to be aware of increasing resistance to amoxycillin (and less so to co-amoxiclav) among both *H influenzae* and *M catarrhalis*; while emerging plasmid-borne macrolide resistance is an issue with pneumococci. Thus, initial therapy with amoxycillin or erythromycin in simple chronic bronchitis is logical, followed, if necessary, by a quinolone. In the more difficult bronchitic, the initial, more targeted, quinolone therapy could save a lot of time, effort and money.

Summary

What are the key messages regarding antibiotic resistance in the UK?

- there are a few problems, eg multiple-resistant *staphylococcus aureus*
- there is growing resistance to standard antibiotics by standard pathogens
- resistance is more common in other countries, with Spain having 35 per cent of pneumococci with penicillin resistance. The pharmacist can help by spotting travellers and advising a GP re-think
- application of pharmacology, common sense and communication will allow us to avoid underdosing of antibiotics and thereby preserve what antibiotics we still have.

Table 4: activity of antibiotics against community UTI pathogens (MIC₉₀ mg/ml)

Antibiotic	<i>E coli</i>	<i>Proteus</i>	<i>Klebsiella</i>	<i>Enterobacter</i>
Amoxycillin (32)	>128	>128	>128	>128
Co-amoxiclav (32)	16	32	64	64
Cephalexin (32)	16	>128	>128	>128
Trimethoprim (16)	>128	>128	>128	>128
Cefuroxime (32)	8	64	>128	64
Ciprofloxacin (4)	0.06	0.12	0.25	0.25

Table 5: activity of antibiotics against community LRTI pathogens (MIC₉₀ mg/ml)

	<i>H influenzae</i>	<i>S pneumoniae</i>	<i>M catarrhalis</i>
Amoxycillin (32)	>64	<0.12	64
Erythromycin (0.5)	8	0.5	1.0
Tetracycline (1.0)	32	1.0	2.0
Ciprofloxacin (4.0)	<0.03	2.0	<0.03

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reduced sodium intake or with renal impairment. Administer with care in elderly or debilitated patients and those with neurological disorders. **Side-effects:** Vasovagal attacks have been reported following administration in elderly patients. **Pharmaceutical precautions:** Store below 25°C. **Legal category:** P. **Package quantities:** Single 128ml enema. **Basic NHS price:** £0.46. **Product licence number:** 0108/5015. **Date of preparation:** July 1995. **Pharmax Limited, Bourne Road, Bexley, Kent DA5 1NX. Telephone 01322 550550.**



Chronic headache and drugs

Headache is common and so is self-medication with minor analgesics to relieve it. Most people only have occasional headaches and their use of drugs raises no problems. However, some people experience chronic headache, including migraine, and prolonged intermittent exposure to analgesics may be associated with adverse effects and may even exacerbate their symptoms.

Little is known about the prevalence of chronic analgesic use so, with Glaxo, epidemiologists in the US monitored drug consumption over two years by 662 people who sought treatment for headache.

Most were women aged 25-44 and in full- or part-time work; almost 60 per cent had some form of migraine. About one-fifth reported headache occurring on at least half of days and 50-60 per cent reported headache on at least one day per week throughout the study. Only 11 per cent said they were pain-free at the end of the study.

Some 25 per cent said they

took analgesics on at least 14 days per month with 20 per cent doing so over the two years. The drugs most frequently prescribed were NSAIDs (largely ibuprofen), sedative hypnotics and opioid-aspirin combinations; 16-20 per cent of patients took OTC drugs and 2-6 per cent took two or more different drugs.

Significant risk factors for chronic drug use included older age (due entirely to increased consumption of OTC drugs) and frequency, and severity of headache.

This high prevalence of drug use, often, but not exclusively, by people with migraine, was documented before the advent of sumatriptan. It reflects a common and long-lasting problem for which treatment appears to be unsatisfactory and the underlying cause is persistent.

The study should now be repeated to determine whether this new analgesic significantly affected prescribed and OTC medication.

Pain 1995;62:179-86



Does HRT improve sleep? Counselling found to raise psychotropic prescribing

Poor sleep quality, including apparent insomnia and waking during the night due to hot flushes and sweating, is common during the menopause. There is some evidence that hormone replacement therapy reduces sleep problems, but it is not clear if this is a direct effect or an indirect effect associated with overall improvements in mood and symptoms.

To explore this question, specialists in Hull conducted a 12-week study of sleep quality in 33 post-menopausal women randomised to HRT or placebo. HRT was given as conjugated oestrogens plus cyclical progestogen, thus users were aware they were taking an active drug when withdrawal bleeding occurred. However, the investigators remained blind to treatment.

Overnight recordings were made every two weeks to monitor sleep architecture, and to detect hot flushes, skin temperature and humidity;

the women also recorded their subjective impressions of sleep quality and mood.

The average duration of sleep at baseline was almost seven hours – within the normal range. HRT had no effect on sleep quality, which improved throughout the study in both groups of women. There was a trend towards fewer awakenings associated with vasomotor symptoms in women taking HRT (averaging one per night) but the improvement was not statistically significant. Subjective assessments of mood and sleep quality revealed no advantage for HRT.

This study provides little evidence that HRT directly improves sleep. However, it seems that the women in this study were experiencing few problems anyway and a possible beneficial effect in women with significant sleep disorder cannot be excluded. *British Journal of Obstetrics and Gynaecology* 1995;102:735-9

Increasingly, psychological therapies are perceived as the most appropriate way to treat psychological problems and GPs are encouraged to reduce their prescribing of anxiolytics and antidepressants in favour of counselling or more specific non-pharmacological interventions.

To determine whether this new philosophy is associated with a reduction in prescriptions, GPs in Oxfordshire were asked about their use of counselling and prescribing of psychotropic drugs.

Some 90 per cent of respondents said they referred patients for counselling, usually to a counsellor based at or visiting the practice. However, PACT data showed that both the quantity and the cost of

anxiolytics or antidepressants was greater for practices using counsellors than for those that did not refer and, contrary to expectations, greatest when the counsellor was based at the surgery.

The authors acknowledge that this finding is unexpected and counter-intuitive, but they suggest that higher prescribing and counselling rates may reflect greater underlying morbidity and more awareness of psychological problems.

More controversially, it is possible counselling may have uncovered a greater need for drug treatment. Whatever the explanation, this small study indicates that savings in drug costs may not be available to fund new counselling services. *British Journal of General Practice* 1995;45:467-9

Box 2: examples of combination treatments

TCA or SSRI or MAOI	plus Lithium
TCA	plus MAOI
TCA	plus SSRI
TCA or SSRI	plus carbamazepine
TCA or SSRI	plus tryptophan
Antidepressant	plus neuroleptic

because, in addition to their side-effects profile, which is similar to the TCAs, they produce the well known 'cheese' reaction – leading to hypertensive crisis with tyramine-containing foods and with sympathomimetics.

With the exception of tranylcypromine, they are less toxic in overdose than the TCAs. They are useful if first line treatment has failed, or when the patient has features of anxiety or obsession.

Serotonin impact

There are now six SSRIs licensed for prescription in the UK. Four of them are well established – fluvoxamine (Faverin), fluoxetine (Prozac), paroxetine (Seroxat), sertraline (Lustral). They have been joined this year by nefazodone (Dutonin) and citalopram (Cipramil).

At this stage there is little to choose between them. Side-effects include GI disturbance, an alerting effect which may give rise to nervousness and agitation, headache, rash, weight loss, and sexual problems, especially with sertraline.

The SSRIs have no anticholinergic or cardiac effects and are less toxic in overdose than the TCAs.

An important advantage of the SSRIs is that they have not been shown to cause any cognitive impairment. This is of great importance, especially for the elderly, and for people who need to be able to function at home or at work.

Second generation

One of the most useful of these is trazodone (Molipaxin) which can be useful if a sedative drug is required but a TCA is unsuitable.

Generally, trazodone has side-effects similar to the SSRIs, except that it has a sedative effect. A rare side-effect is priapism which, if it occurs, should be treated as an emergency.

Newer compounds

Moclobemide (Manerix) is a new class of antidepressant – a RIMA. It is an advance on the older MAOIs and does not

suffer their dietary restrictions, except when high doses of tyramine (which is very rare in the Western diet) are combined with high doses of moclobemide.

Moclobemide has few of the side-effects of the other TCAs, does not have anticholinergic or cardiac effects, and has not been shown to be toxic in overdose.

Venlafaxine (Efexor) is another new class of antidepressant which has combined reuptake inhibition of both serotonin and noradrenaline. It is claimed to be more effective than other antidepressants in treating severe or resistant depression, but this effect has been seen in clinical trials only at high doses.

Which one is right?

The older antidepressants – TCAs and MAOIs – are problematic to use when compared with the newer compounds because their side-effect profile makes them less tolerable, they are toxic in overdose (a significant risk when treating depression!) and they have interactions with other medicines and some foods. Because they need to be titrated gradually to an effective dose, response to treatment may be delayed. However, clinicians are familiar with them and they are cheap.

Lofepramine, SSRIs and moclobemide are equally as effective as the older antidepressants in treating depression in primary care, are more tolerable, are much less toxic in overdose, but are more expensive.

For citalopram, nefazodone and venlafaxine, it is too early to make clear judgments on their place in treatment, but they are likely to have similar advantages to the SSRIs.

The choice of an antidepressant should be made on an individual basis, dependent on the clinical presentation, past history (especially of response to treatment and suicide attempts), social and lifestyle needs (ie is a sedating antidepressant the best choice for a taxi-driver?), age, concomitant illness and

other medicines prescribed.

The most recent MeReC bulletin acknowledged the place of SSRIs as first line treatment for depression.

Effective doses

The majority of patients with a diagnosis of depression are prescribed a TCA by their GP, and the consensus guidelines on treatment clearly state that the minimum effective dose of a TCA in depression is 125mg/day. Doses below this level have not been shown to work, indeed, one trial of 75mg dothiepin per day versus placebo concluded that placebo was preferable as it had fewer side-effects.

Unfortunately, the advice on dose contained in the BNF is not as clear, and suggests lower doses of TCAs may be effective. The majority of patients prescribed a TCA are prescribed a dose which has not been demonstrated by clinical trials to be effective.

Here is another role for community pharmacists – advising GPs of the effective doses of TCAs, especially when patients bring in prescriptions for TCAs at low doses – as they frequently do.

Compliance factors

In contrast to the older TCAs, lofepramine and SSRIs are much more likely to be prescribed at an effective dose, and there is evidence to show that SSRIs are better tolerated, with less troublesome side-effects, resulting in better compliance.

Although the SSRIs are more expensive than the TCAs, improved compliance may reduce costs in the long-term: half of patients who fail to complete a course will relapse, and 12 per cent will go on to develop chronic depression. This has major cost implications.

Although the SSRIs are better tolerated than the TCAs, they still have side-effects, and it is important to explain to patients what side-effects they may encounter.

Toxicity

Another advantage the SSRIs have over the TCAs is toxicity in overdose.

TCAs, particularly amitriptyline and dothiepin, have been shown to be very toxic when taken in overdose. They produce a quinidine-like heart block, and death is rapid.

A table of comparative toxicity, called the Fatal Toxicity Index (FTI), was produced by Dr John Henry of the National Poisons Centre. FTI scores are based

Box 3: key issues for community pharmacists

* Health promotion

- Depression is a major illness
- Look for signs of depression
- Regular sales of tonics, vitamins, analgesics, laxatives, etc
- Encourage people to seek help

* Antidepressant doses

- Monitoring prescribing and inform GPs
- The dose that gets you well keeps you well

* Treatment compliance

- Side-effects
- Need to persevere with treatment
- Delay in onset of action

on the number of deaths produced per million prescriptions (see Box 1).

Combination therapy

Not all patients will respond to treatment with a single antidepressant, a combination may be necessary. These should always be given under specialist supervision, and the patient counselled about the potential problems and the necessity for strict compliance, and the need to seek advice or help immediately in the event of any problems being encountered.

Community pharmacists may be dispensing some of these treatments, and may need information from specialist hospital colleagues about the problems likely to be encountered, and could offer a useful role monitoring patients for adverse effects and compliance following discharge from hospital.

References

- 1 Henry J, Alexander C, Sener E, *BMJ* 1995; **310** 221-225

Box 4: Key counselling to improve compliance

* Delay in onset of action

- Treatment is effective, but may take 2-4 weeks to work may take up to 12 weeks in elderly
- persevere with treatment come back if any problems/questions

* Side-effects

- all drugs have side-effects – not everybody gets them!
- be reassuring – some side-effects may be beneficial
- being forewarned reduces discomfort

* Length of treatment

- minimum 6 months, perhaps longer
- reduces risk of relapse or recurrence

Depression requires effective treatment – the earlier the better. In the second of *C&D*'s depression series, John Donoghue, research pharmacist at the department of clinical psychology, Liverpool University and senior clinical pharmacist at the department of community psychiatry, Wirral Hospital Trust, outlines the range of therapies available

Treatment for depression is given to relieve distress, restore functioning, to control and shorten the episode of depression and to prevent relapse or recurrence. There is good evidence that delays or failure to implement treatment early result in the depression becoming a recurrent or chronic condition.

The main treatments are psychosocial management, psychotherapy, electroconvulsive therapy (ECT) and antidepressants.

Psychosocial management should be a part of every patient's treatment. It involves the primary healthcare team and possibly social workers and family. It focuses on the management of problems, and may include self-help groups, or services such as marriage guidance.

Psychotherapy, in particular interpersonal therapy and cognitive behavioural therapy, have been shown to be effective, especially in the treatment of mild depression, and are also valuable as an adjunct to antidepressants in treating more severe depression. However, it is expensive.

ECT is used mainly to treat severe depression or when other treatments have not been fully effective, or when a rapid response to treatment is essential. The majority of patients receive a prescription for an antidepressant.

Antidepressants

Antidepressants can be classified as:

- tricyclic antidepressants (TCAs) – such as amitriptyline, clomipramine, dothiepin, imipramine
- second generation antidepressants – trazodone and mianserin

Dealing with depression



- monoamine oxidase inhibitors (MAOIs) – phenelzine, tranylcypromine
- selective serotonin reuptake inhibitors (SSRIs) – fluoxetine, paroxetine, sertraline
- newer compounds which do not fit into any of these categories – moclobemide, which is a reversible inhibitor of monoamine oxidase-A (RIMA), and venlafaxine, a serotonin-noradrenaline reuptake inhibitor (SNRI).

Antidepressants are effective treatment for depression which meet the criteria for major depressive disorder (*C&D* October 7). They all have similar efficacy (70-80 per cent), although it should be noted that there is a powerful placebo response.

All antidepressants take about two weeks before a response is seen, in many patients this may be longer, eg the elderly who may need eight to 12 weeks of treatment before improvement.

Antidepressants should always be given as a course of treatment, continuing at full therapeutic doses for at least six months after the original symptoms have responded. These are key points when counselling patients, who may stop treatment prematurely – either because they think it is not working, or because they feel better and no longer need to continue with medication.

The main causes of treatment failure are: failure to achieve an effective dose, poor compliance and early discontinuation.

Taking TCAs

TCAs have been available since the late 1950s and are the most widely prescribed antidepressants in the UK. The most commonly prescribed TCAs in the UK are amitriptyline (Tryptizol, Lentizol), clomipramine (Anafranil) and dothiepin (Prothiaden).

These are not easy medicines to use because they have a range of unpleasant side-effects: sedation, anticholinergic effects (blurred vision, dry mouth, urinary hesitancy, constipation, cognitive impairment) and weight gain. They cause postural hypertension and are also hepatotoxic and cardiotoxic.

Although the drowsiness caused by TCAs may wear off, other cognitive functions may be impaired for a considerable time. Because the patient may not actually feel sleepy, they may consider it safe to drive. However, objective testing shows that this is not the case. Patients taking them should be advised not to drive, even if they do not feel drowsy.

TCAs are toxic in overdose (especially amitriptyline and dothiepin) and should be used with caution in the elderly.

Drug interactions include alcohol, anti-arrhythmics, other antidepressants (especially MAOIs and SSRIs), anticonvulsants, anti-histamines, antihypertensives, anticholinergics, benzodiazepines, cimetidine, phenothiazines, sublingual GTN and sympathomimetics (see *BNF* Appendix 1).

Lofepramine is a new TCA which has fewer problems with side-effects. It is less sedating, and has fewer anticholinergic and cardiac effects. It is also safer in overdose, and is better tolerated by the elderly.

In an attempt to reduce adverse drug reactions, it is recommended that doses of TCAs should start low and be titrated upwards to an effective dose. It is important that patients understand their treatment will not begin to act until an effective dose (at least 125mg/day) has been reached. The whole dose can be given at bedtime, which should help the patient sleep.

Managing MAOIs

MAOIs are also established drugs. They are not used first line and are prescribed for only a minority of patients

Box 1: toxicity scores of antidepressants¹

	FTI	deaths by overdose*
Dothiepin	47.86	801
Amitriptyline	38.94	509
Lofepramine	2.42	10
Fluoxetine	0.66	1
Paroxetine	2.6	1

*1987-92

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NEW

Nitrolingual[®] Pump
glyceryl trinitrate spray

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NITROLINGUAL PUMPSPRAY

Description: 400 micrograms glyceryl trinitrate per metered dose. It also contains ethanol. **USES:** For the treatment and prophylaxis of angina pectoris and the treatment of variant angina. **Dosage:** Adults and the Elderly: At the onset of an attack, one or two 400 microgram metered doses sprayed under the tongue. No more than three metered doses any one time, minimum interval of 15 minutes between consecutive treatments. For the prevention of exercise induced angina, one or two 400 microgram metered doses sprayed under the tongue immediately prior to the event. **Children:** Not recommended for use. The spray should not be inhaled. Patients should familiarise themselves with the method of administration. During application the

patient should rest, ideally in the sitting position. **Contraindications:** Hypersensitivity to nitrates or other constituents, hypotension, hypovolaemia, severe anaemia, cerebral haemorrhage and brain trauma, mitral stenosis and angina caused by hypertrophic obstructive cardiomyopathy. **Precautions:** Any lack of effect may be an indicator of early myocardial infarction. As with all glyceryl trinitrate preparations, use in patients with incipient glaucoma should be avoided. **Interactions:** Tolerance to nitrates may occur, alcohol may potentiate any hypotensive effect. **Pregnancy and lactation:** Not generally recommended. **Effects on ability to drive and use machines:** Only as a result of hypotension. **Adverse reactions:** Headache, dizziness, postural hypotension, flushing, tachycardia and paradoxical bradycardia have been reported. **Overdose:** Recovery often occurs without special treatment.

Hypotension may be corrected by elevation of the legs to promote venous return. Methaemoglobinemia should be treated by intravenous methylene blue. Symptomatic treatment should be given for respiratory and circulatory defects in more serious cases. **LEGAL CATEGORY:** Pharmacy. **PACKAGE QUANTITIES and NHS Price:** Bottle of 11.2g of solution (equivalent to approximately 200 doses) £4.10 at 23/5/95. **PRODUCT LICENCE NUMBER:** 03759/0042

Further information is available on request from Liphapharmaceuticals Limited, Harrier House, High Street, Weymouth, Dorset DT9 7QG. Date of preparation: June 1995. LIP 448



MERCK

Antidepressants, breast milk and child development impact

Although pharmacokinetic studies can reveal whether clinically significant concentrations of antidepressants occur in breast milk, little is known about the effects on child development of drugs possibly ingested during feeding. This is cause for concern, since apparently sub-therapeutic doses may conceivably exert subtle effects in the long-term.

Australian psychiatrists have compared 15 children aged three to five whose mothers had been taking dothiepin while breast-feeding, with children whose

mothers had been depressed but had not taken medication and children whose mothers had not been depressed.

There were more single parents, less wealth and higher levels of anxiety/stress among the depressed women but other socio-economic factors were similar in all groups.

There was no evidence that exposure to dothiepin and its metabolite in milk had affected the children's cognitive development – in fact, there was a trend suggesting the opposite: higher levels of the drugs in milk were associated with

higher cognitive scores. This is possibly because maternal depression affects upbringing and more severely depressed women are more likely to be treated effectively. However, child behaviour was most disturbed among this group.

Since depression after childbirth may affect up to 15 per cent of women, it is reassuring that treatment appears to be free of harmful effects on the child. However, work is needed to provide longer-term follow-up of more children to confirm its safety.

British Journal of Psychiatry 1995;167:370-3

Diet factors in atopic eczema

Elimination diets are sometimes popular with parents of children with eczema. Observing flare-ups in symptoms which appear to coincide with eating certain foods, or hearing anecdotal evidence that avoiding eggs resolved refractory eczema, it is reasonable to assume that abnormal sensitivity to dietary components causes atopic eczema.

However, conclusive scientific evidence is lacking that eczema is improved by excluding foods from the diet. Paediatricians in Manchester have now completed a six-week, single-blind controlled trial of the few foods diet, supplemented with whey or casein hydrolysate (sensitivity to which is rare), in 85 children with refractory atopic eczema.

They encountered major practical problems. Forty-six per cent of the children were withdrawn from the study, largely due to non-adherence to the diet but also – and mostly in the groups using the diet – because of flare-up of symptoms requiring additional drug treatment.

In the remaining children, there were significant reductions in the severity of skin symptoms and in the area of skin affected in all groups during the study. This improvement was greatest in the diet/whey group but there were no other differences favouring these children.

When normal foods were reintroduced one at a time, exacerbations of eczema occurred in six of the seven children judged to have benefited from the diet and whey supplement and four of eight who improved with the diet and casein supplement.

The authors say their findings have made them less enthusiastic about imposing a few foods diet on children. They note, however, that parent pressure and the odd dramatic response to dietary manipulation in children whose eczema is resistant to drug treatment will ensure that supervised diet will remain a therapeutic option. *Archives of Disease in Childhood* 1995;73:202-7

Research Digest is a regular series, written by drug information specialist Steve Chaplin MRPharmS, looking at the current developments in medicine

What makes people decide on HRT?

The protection afforded by HRT against osteoporotic fractures and cardiovascular disease is so important that women should be provided with the opportunity and support they need to make an informed choice about whether to take it.

This may not always be so: GPs have been criticised for not offering enough help and fears about hormone-induced cancer can be perpetuated by media mismanagement.

A survey of 1,225 women on Teeside now shows that women are given a largely positive image about HRT, though significant problems persist for some.

When asked to describe the most striking aspect of HRT they had heard about, 60 per

cent listed positive effects, such as improving symptoms, preventing osteoporosis and preserving a youthful appearance. Only 6 per cent listed immediate side-effects and fewer than 2 per cent mentioned continued menstruation, though this is cited as a frequent reason why women don't like HRT.

About half said they found information in the media helpful and correct, but a third said it was unhelpful and 17 per cent believed it was incorrect.

Among women who had considered taking HRT, two-thirds had discussed it with the GP or a nurse and half had done so with partners or friends. However, 40 per cent said that no one person had

been important in helping them decide.

Nine per cent of women had never heard of HRT. Others cited press, friends and relatives as information sources, but those who had taken HRT said the GP was most important in providing information. Most women who had discussed it with the GP believed their doctor favoured HRT but a third were uncertain of his or her views.

These findings suggest that the majority of women see few obstacles in obtaining HRT or information about it. If this is the case, the most important question to ask is, why do only 10 per cent of eligible women take HRT? *British Journal of General Practice* 1995;45:477-80

Bed rest is not best for backache

More evidence that rest does not help backache comes from a small study from Birmingham.

Forty-two patients consulting their GP about lower back pain of less than seven days' duration were randomised to bed rest for 48 hours or to continue with normal activity as best they could. When assessed seven and 28 days later, there were no differences between the groups in the proportions of patients reporting

improvement or deterioration in mobility. Bed rest was initially associated with greater stiffness and less flexion but also with significantly lower disability scores between days seven and 28.

There were no differences between the groups in time taken off work or in time spent resting (after the first 48 hours).

Self-medication, largely with rubefacients, was common and many people in

both groups also used heat application, massage, chiropractic and physiotherapy.

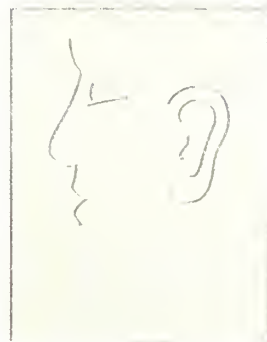
Although there was a small difference in favour of bed rest, this was not sufficiently great or consistent with other findings to support its routine use. It seems that most people treat themselves regardless of the GP's help; this apparently does no harm and probably helps recovery more than staying in bed. *British Journal of General Practice* 1995;45:481-4



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CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY



This fifth module is concerned with
eyecare and an awareness of ear
conditions.

In this month's Pharmacist's Briefing
reference icons are used as follows:



Refer to pharmacist



Treatment



Refer to doctor or
specialist



Refer to BNF

A similar set of icons is used in the
assistants' module.

EYES

Assistants are given some general
eyecare advice, including the need
for people to have their eyes
checked by an optometrist at least
every two years – once a year for
the over 60s and often more
regularly in children.

Specific advice is given on:

Sore, tired eyes



Treatment: a good
night's sleep, treatment
with soothing eyedrops
or lotions, or ten
minutes relaxation with

an eye mask. Redness due to
known causes, such as swimming in
chlorinated pools, may be alleviated
by short term use of vasoconstrictor
eyedrops, which should be avoided
by wearers of soft contact lenses.
People with glaucoma, high blood
pressure, heart disease, diabetes or
hyperthyroidism should not use
vasoconstrictors without a doctor's
advice.



**Assistants are advised
to refer to the
pharmacist:**

■ **Chronic tired eyes.**
Refer to an

optometrist to check for eye strain
or poor vision.

Red eyes

Conjunctivitis may be due to an
allergy or infection. In an allergy,
such as hayfever, watering eyes are
accompanied by nasal symptoms
and usually both eyes are affected.

In a bacterial infection, there is a
thick, yellow discharge and the lids
may stick together during sleep. In
a viral infection the discharge is
watery. It may affect one or both
eyes.

This is the fifth in a series of modules designed to
accompany the Cambridge Counterpart Pharmacy
Assistant Development Programme. The Programme,
provided free to C&D subscribers, aims to help
medicines counter assistants to reach the standard of
knowledge that will be required of them by the Royal
Pharmaceutical Society by July 1996.

This back-up for pharmacists will enable you to keep
one step ahead, so that you will know at what stage
assistants are being advised to refer to you and the
possible courses of action you might take.



Treatment:

■ Allergic conjunctivitis
– avoid the allergen
if possible. Use
sodium

cromoglycate drops during the
hayfever season or in the acute
phase. Temporary use of
eyedrops containing
vasoconstrictors and
antihistamines may help.

■ Infective – recommend
antibacterial eyedrops. Viral
infections can be helped by
artificial tears and cold
compresses (refer to GP).



**Assistants are advised
to refer to the
pharmacist:**

■ **If there is pain
inside the eye,**

**sensitivity to light or blurred
vision and redness.** These
require immediate referral to a
doctor or hospital emergency
department. Severe pain
accompanied by vomiting and
headache suggests acute (closed
angle) glaucoma. This usually
affects only one eye and lights
appear to have coloured rings
around them. Open angle
glaucoma develops slowly and
usually affects both eyes.

■ **If the redness is round the
centre of the eye rather than
the whites.** This may be an
acute inflammation of the iris
(uveitis) which warrants
immediate referral to a GP. The
pupil of the affected eye may be
smaller and there may be
lacrimation, photophobia and
severe pain.

■ **If there is ulceration ie white
spots.** This can happen if a
scratch on the cornea becomes
infected. Herpes simplex is

particularly serious. There will be
pain and the patient may feel
there is 'something in the eye.'
Refer to GP immediately.

■ **Severe redness with sticky or
watery discharge.** This could
indicate a need for antibiotics or
a viral infection. Refer.

■ **Redness in only one eye.** This
may indicate a disorder inside
the eye, such as inflammation of
the iris or glaucoma. A
subconjunctival haemorrhage,
caused by a burst blood vessel,
appears as a red spot on the
white of the eye. Although it
may look alarming, it usually
clears up on its own, in which
case reassurance of the patient
is all that is needed. The patient
could be advised to have a
blood pressure check. If other
symptoms, such as pain, are
present, or if there has been a
recent blow to the head, refer to
a GP. Redness and grittiness in
one eye may be due to a foreign
body which has become lodged.
Refer to GP or optometrist.

■ **If OTC treatments
fail.** Refer to a GP or
optometrist.



Blepharitis

The eyelids appear red and flaky.
There may be an allergic
component or an infection. It may
be accompanied by seborrhoeic
dermatitis, dandruff or eczema.



Treatment: remove the
scales with cotton wool
moistened with warm
water or by gently
washing the eyelashes
with diluted baby shampoo or one
teaspoonful of sodium bicarbonate
added to a tumbler of warm,

previously boiled water. Crusts may also be softened with simple eye ointment. Hot compresses and lid massage may help. An antibacterial eye ointment may be recommended if there is infection. There may also be a need to treat accompanying skin conditions such as dandruff.



Assistants are advised to refer to the pharmacist:

- **If OTC treatments fail.** A steroid or antibiotic eye ointment, or systemic antibiotics may be needed.

- **Ulcerated eyelids.** Refer to a GP or optometrist.

Styes



Treatment: the area should be cleaned gently with an eye wash or sterile saline. Bathing with hot water can encourage pus release.

Removal of the eyelash helps. Use of an antiseptic ointment twice daily for a month can prevent recurrence.



Assistants are advised to refer to the pharmacist:

- **Recurrent styes.** Antibiotics may be needed. It may be a sign of diabetes.

- **Hard cysts under the skin of the eyelid rather than on the surface.** This may be a meibian cyst, an infection of one of the meibian glands in the eyelid. It is generally painless and will clear on its own. Persistent cysts may require surgery.

Dry eye

Reduced tear secretion makes the eyes red, sore and 'gritty.' It is common in the elderly.



Treatment: artificial tear preparations (some of which must not be used with contact lenses).

Patients should be advised to drink at least two litres of water a day and to eat a diet rich in vitamin A.



Assistants are advised to refer to the pharmacist:

- **If the condition is persistent or severe.** It may be caused by underlying disease such as rheumatoid arthritis or medication such as anticholinergics and antihistamines. Refer to GP or optometrist.

- **If there is also a lack of saliva.** This could indicate Sjogren's syndrome. Refer.

Watery eyes

This may be caused by irritants in the atmosphere or by conditions such as conjunctivitis mentioned above. In elderly people it may be caused by blocked tear ducts or by the lower lid falling away from the eye.



Assistants are advised to refer to the pharmacist:

- **Watery eyes in babies.** Refer to a GP or optometrist.

Foreign bodies

Assistants are advised to refer patients to a doctor if foreign particles cannot be removed by rapid blinking or by rinsing with saline or other eye lotion, or if pain and inflammation persist after the object is removed.



Other eye conditions referred to the pharmacist:

- **Eye disorders in young children.**

Babies under two months should always be referred to a GP or optometrist.

- **Drooping eyelids.** A drooping upper eyelid may be a sign of myasthenia gravis or other underlying disease and should be referred. Corrective measures are needed with babies to prevent blindness.

- **Loss of vision, double vision.**

Loss of vision is a medical emergency; refer immediately. Visual disturbances may accompany migraine, in which case the patient will probably recognise the symptoms.

Double vision accompanied by sudden headache could indicate intracranial bleeding; refer immediately.

- **New incidence of seeing 'floaters' and 'spiders'.** Refer immediately to optometrist or emergency department. This could indicate a retinal break which can move quickly to a detached retina.

CONTACT LENS CARE

The importance of daily cleaning and disinfection is stressed, and assistants advised to make sure they know which solutions are to be used with which type of lens.



They are advised to refer to the pharmacist:

- **Contact lens wearers who**

experience discomfort, redness, blurred vision or unusual sensitivity to light.

Redness may be due to a foreign body in the eye, dirty or damaged lenses, eye abrasion or infection, wearing the lenses too long, sensitivity to lens solutions or materials, or infection.

Damaged lenses should always be replaced. If cleaning does not solve the problem, the customer should consult his or her lens practitioner. If there is severe redness and a combination of the above symptoms, the customer should remove the lenses and visit an optometrist immediately. Severe corneal abrasion or infection could be sight-threatening.

- **People who want to change their lens solution because they think it is irritating their eyes.**

Check first that the customer is using the products correctly (eg making sure to neutralise peroxide). Otherwise refer to an optometrist who is best placed to suggest an alternative system. Assistants are advised not to recommend an alternative if a requested product is out of stock, but to offer to obtain it.

- **People who ask if medicines can affect their lenses.** Many drugs can reduce tear flow which may affect lens comfort. These include anticholinergics and drugs with anticholinergic side effects such as antihistamines, phenothiazines and tricyclic antidepressants; oral contraceptives; diuretics; diethylpropion; sodium cromoglycate eye drops; isotretinoin and sometimes beta-blockers. Nasal decongestants and drugs used in asthma, such as salbutamol and beclomethasone, may increase sensitivity to lenses. Some drugs may discolour soft lenses eg labetalol, nitrofurantoin, phenolphthalein, rifampicin, sulphasalazine and tetracyclines. Acne preparations containing benzoyl peroxide may bleach tinted lenses.



Contact lenses should not be worn during treatment for eye infections and when using eye ointments.

More details on which OTC eye preparations must not be used with contact lenses is in the latest C&D Guide to OTC Medicines (see also BNF).

EARS

Assistants are warned that, because the ear is such a sensitive organ, there are few conditions that can be treated safely without medical advice. However, for the sake of completeness, the module describes some ailments for which customers may seek advice.

It is suggested that assistants may safely recommend a product for:

- **Softening wax in the ears,** providing there is no pain and there is no risk that the customer has a perforated ear drum or has suffered from a perforation in the past.
- **Itching and redness of the ear lobes** which is obviously due to an allergy to jewellery. A topical hydrocortisone cream may be recommended providing there is no discharge or other evidence of infection.



Assistants are advised to refer to the pharmacist:

- **Any pain in the ear.** This should always be referred to a GP. Analgesics may be offered as a temporary measure. The pain could be due

to a boil in the outer ear. Otitis media presents as a severe, throbbing pain in one or both ears (although moving the outer ear is not painful) and gradual loss of hearing. There may be fever and, in babies, vomiting and diarrhoea. Sympathomimetic nose drops may help to reduce blockage in the eustachian tube if the inflammation is associated with colds or flu.

- **Red, sore scaly patches in the outer ear, with or without discharge; boils.** Otitis externa may have an allergic component and may be associated with other skin conditions such as eczema and dandruff, which need concurrent treatment. The presence of discharge indicates an infection. Refer to GP. Severe pain and deafness associated with boils should be referred.
- **Bleeding in the ear.** Severe pain followed by bleeding may indicate otitis externa haemorrhagica, which is usually caused by a virus. Refer to GP, possibly for broad spectrum antibiotics to prevent secondary bacterial infection. Analgesics may ease pain.
- **Pain, swelling or discharge from pierced ear lobes.** Suggest the customer stops wearing earrings and bathes the lobes with a mild antiseptic. Refer to GP if infection is severe or does not respond in a few days.
- **If over the counter preparations for wax removal do not work or cause irritation.** Simple preparations such as sodium bicarbonate ear drops, almond or olive oil are least likely to irritate. Refer to GP for possible syringing.
- **Wax removal in people who have had a perforated ear drum.** Refer to GP. The solvent and/or infected material might pass into the middle ear.
- **Foreign bodies in the ear.** Unless the object can be gripped easily, refer to a GP or hospital emergency department where special instruments can be used to remove it. If an insect is buzzing in the ear, add a few drops of olive oil then refer to GP to have the remains syringed out.
- **Deafness which does not seem to be due to wax.** This may be caused by drugs, for example, aminoglycoside antibiotics, chloroquine, cisplatin, erythromycin (usually reversible), loop diuretics (transient), quinidine (reversible), quinine (occasionally permanent with prolonged treatment), salicylates (usually reversible), vancomycin. Refer to GP for further investigation and possible change in therapy.
- **Tinnitus.** This may be caused by wax in the ears or by medicines such as high doses of aspirin and ototoxic drugs. Refer to GP if no discernable cause.
- **Vertigo.** This may be a symptom of eustachian tube blockage or Meniere's disease, which may be accompanied by nausea and vomiting. Refer to GP.

When it comes to our teeth, the old adage of 'prevention is better than cure' couldn't be more important. But while there is little doubt that the health of our teeth and gums is generally improving, we still have a long way to go before our oral hygiene habits live up to the dentists' ideal. The oral care market was worth over £411 million in the year ending June 1995 (source: IRI) and it's easy to see why - a bright, radiant smile which shows off clean, healthy teeth, is one thing that everyone wants. As the pursuit of the perfect smile continues, the value of the UK toothpaste market is growing too - having risen 5 per cent since 1994 to an estimated value of £234m (year end June 1995). What an opportunity for retailers to cash in on!

Value growth stems from the increasingly health-conscious consumer, who, influenced by rising dental costs and the 'preventive healthcare' ethic, is taking oral hygiene more seriously and trading up to brands which offer good all-round protection and a reputable brand name. Therapeutic toothpastes, such as Mentadent P, which offer a combination of total oral protection and a tried and trusted heritage, are therefore in a strong position to benefit. Recent research shows that over 50 per cent of consumers want a toothpaste that can offer protection against gum problems and tooth decay combined with a 'tried and trusted' brand name.

Toothpaste - percentage factor importance UK

22.7
18
16.6
15.6
15.9
11.2

- ☐ Nice/fresh taste
- ☐ Protects teeth
- ☐ High quality/recommended
- ☐ Gum health
- ☐ Shiny/white teeth
- ☐ Dynamic in market

Source: Research International - Oral care Habits and Attitudes Survey

Something to smile about



The root of all problems

The most common dental problems, tooth decay and gum disease, are usually a result of neglect. The majority of us spend a maximum of 30 seconds cleaning our teeth, compared with dentist's recommendations of at least two minutes. The result is a build up of plaque which forms when bacteria build up on our teeth, especially where they meet the edge of the gum (gum margin). If this plaque is not removed with effective brushing, it can lead to bleeding gums and more serious problems such as gum disease and tooth loss. Once gum disorders have developed, they are difficult to treat, which is why stressing that prevention is better than cure is doubly important.

The Mentadent P prevention plan

The good news is that the health of our teeth is one area that we can have real control over.

1 Use a toothpaste that offers total protection

A toothpaste that can offer total

protection by fighting gum disease, tartar and plaque, is an important tool for the oral health conscious, which is why **Mentadent P** should be their choice. Mentadent P contains two special anti-bacterial agents (zinc citrate and Triclosan) which have been clinically proven to be significantly better at keeping gums healthy than an ordinary fluoride toothpaste. Mentadent P provides active gum health whilst fighting tartar, plaque and tooth decay, and is accredited by the British Dental Health Foundation. The Mentadent toothpaste range includes:

Mentadent Bicarbonate of Soda, which not only leaves your mouth feeling great but has an improved plaque buffering system which reduces the amount of time teeth are exposed to acid attack.

Mentadent Sensitive is clinically proven to relieve the pain of sensitive teeth as well as containing fluoride to help toughen teeth against decay.

2 Use the right brush

Dentists recommend that we

brush thoroughly, twice a day for at least two minutes. The Mentadent range of toothbrushes has been developed with dentists and scientists and includes:

Mentadent Profile toothbrush - designed with rippled bristles to clean deep between teeth where plaque can cause serious dental problems, together with a non-slip handle to ensure maximum brush control.

Mentadent P Professional toothbrush - Shaped like a dentist's probe, its unique three angled handle design makes it easier to reach and clean back teeth.

Mentadent P Diagonal toothbrush was the first toothbrush in the UK to feature two different angled bristles on the same brush head. The shorter vertical bristles ensure optimal plaque removal from the surface itself while the diagonal bristles lengthen as they move, gently removing plaque from around the gum margin.

Mentadent 'Step Up' toothbrush combines the expertise of the Adult Mentadent toothbrushes in an exciting design aimed at developing children's interest in cleaning teeth. Step Up has a unique easy to grip handle especially moulded for small hands with a short, narrow head to help reach growing teeth, even those at the back.

3 Brush the right way

Brush with small, circular movements, keeping the brush head at a 45 degree angle to the teeth and gum margins. Then brush up and down to clear away plaque from the gaps between the teeth. It is not advisable to 'scrub' at the teeth - as this can damage the delicate gum tissue. By following a simple daily routine of effective brushing, combined with cutting down on sugary foods and visiting the dentist regularly our teeth can last a lifetime - so there's something to smile about.

One more thing to smile about: look out for a Mentadent P free toothbrush special pack

Dispensing doctor SOS

Recently, I received a letter from Gloucestershire FHSA, bearing the bad news that our local GPs had applied for a dispensing contract for an area one mile outside of the town of Berkeley.

If this contract is allowed, our income from dispensing may be reduced by 20 per cent. Berkeley Pharmacy has been established for 120 years, and I have been here for ten. I do not wish to lose my livelihood or home, which is attached to the business.

Any advice or guidance from pharmacists who have been in a similar position would be greatly appreciated.
Shirley Fiamingo
Berkeley

Asda hitting the wrong target

Archie Norman of Asda has acted remarkably quickly on the discussion paper put out by the Royal Pharmaceutical Society – 'Pharmacy in a New Age'. He wants all the customers and patients requiring pharmaceutical products and pharmaceutical care to go to his superstores.

Mr Norman said on the BBC's 'Money Programme' that he was really wanting to take away custom from Tesco, Boots, Moss and Superdrug, and that he wanted to provide the best value for his 5.5 million customers.

Well, Asda may be fighting its big brothers, but it is thousands of independent pharmacists out in the heart of the community, looking after the vast majority of the old, the needy and young mothers, who are going to go to the wall.

Look what happened to the corner tobacconist and grocer, and what is now happening to bookshops and local post offices. Such superstores

increase their custom by taking away trade from the neighbourhood providers, and the independent community pharmacist is being targeted next.

Is this the way we want pharmacy to go in the next 100 years? Now is the opportune time to debate this vigorously. Pharmacy in a New Age need not be pharmacy in superstores.

Veni Harania
Managing director, Nucare

Winter is no gas, says BOC

No matter how much we invest in expanding our population of BOC domiciliary oxygen cylinders, the arrival of winter invariably challenges our ability to provide the highest possible standards of service to our oxygen contract customers.

At this time of year, demand increases – yet inclement weather and the distractions of the festive season lead to empty or unwanted cylinders remaining uncollected, thus potentially depriving other patients who may have an urgent need for oxygen. The cylinders in greatest demand are our 1,360-litre (AF) and 300-litre (PD).

May I please, through your journal, appeal to retail pharmacists to let us know of any empty cylinders which are ready for collection from their own premises, from nursing homes or even from the homes of individual patients. A word with their local Medispeed salesman, or a free telephone call on our BOC Gases Directline (0800 111 333) will set the wheels in motion.

This will help us to maintain our service, cope with seasonal increases in demand and keep PD cylinder rental costs as low as possible.

Chris Browning
General manager, Medical Gases, BOC



Pharmacy assistant Jayne Bird (centre) from John Frost Chemists in Lichfield, Staffordshire, will be having a holiday on the Greek island of Rhodes thanks to winning the Robinson Healthcare Mosi-guard competition. She is pictured with Robinson's senior product manager, Vivien Wickins, and retail sales manager, Stuart Smith



Wakey, wakey, rise and shine ... Janssen representative Julian Roberts presents Suresh Patel of Barkers Chemists, Earlsfield, London, with a radio alarm clock, the prize he and nine other pharmacists won in the company's Ovex Early Bird competition, featured in a July issue of *Chemist & Druggist*


Regaine®

PHARMACY ASSISTANT'S TRAINING MANUAL

Upjohn Limited wish to inform all recipients of the Regaine® Pharmacy Assistant's Training Manual that there is an error in the Question and Answer section ("Questions you may be asked") as follows: Under the question "Is Regaine® for all kinds of baldness and hairloss?"

The answer should be:

"No. It is not for sudden, unexpected hair loss, as may happen during pregnancy or after childbirth, or due to thyroid disorders. Regaine® should not be used to treat patchy hair loss due to scalp inflammation or other causes, total baldness or total loss of body hair. With any of these types of baldness, always see your doctor.



“We never forget
that the products
we handle
are essential to
the people who
use them.

Attention to detail
is paramount”

Peter Hills, Daniels Surgical,
Operations Manager,
Nottingham 01159-781645

The new national force in pharmaceutical wholesaling

- A personal service you can trust
- Surgical requirements for your customers needs

Serious about healthcare



For Heinz, buying Farley's from Crookes was the logical thing to do. The trend to merge and consolidate had reached the baby care market and Farley's was considered an ideal partner for Heinz.

The marriage was set for a good start because Heinz and Farley's had a lot in common: a long history, reputable brand names and leading positions of their particular sectors in the baby food market. However, where there were differences, they complemented each other like a hand in a glove, according to Heinz Infant Feeding general manager Roger Hobbs.

"Heinz had made itself very strong in the wet baby meal market, but was not present in two-thirds of the market. This meant that although it had a 50-60 per cent share of the wet market, it only had a 13 per cent share of the overall market," says Mr Hobbs.

That was in July last year. Since then, the Heinz/Farley's team has shot up to the number one position in the baby foods market and number three in the total baby products market behind Procter & Gamble and Kimberly-Clark.

They reached that position by drawing on each other's expertise. Heinz's strength is wet foods, purchasing ability and established foreign markets. This has given Farley's the opportunity to expand its customer base and penetrate new countries.



Heinz meanz business

When Heinz acquired Farley's last year, the company became the number one baby food manufacturer in the country. Fawz Farhan finds out if this has had any affect on the running of the business

Farley's forte, on the other hand, is dry foods (cereals, rusks and meal replacements), formula milks and its state of the art processing skills, which are now being adopted by Heinz. In fact, Farley's factory in Kendal has been widely recognised by the food industry as a centre of excellence for hygiene standards, with around £100,000 spent each year on protective clothing for staff. The company even makes sure that its suppliers and distributors live up to the same standards.

New opportunities

This impressive track record for quality has opened up new business, such as producing milk for premature babies in hospitals, Kosher and Halal milk and, more recently, has won the company a contract with a Japanese baby food company.

Heinz has assimilated Farley's to form Heinz Infant Feeding, the company's second-largest division after grocery. Because of the

need for specialist knowledge, a sales and marketing team has been set up for this division, headed by general sales manager Leigh Edwards.

The rest of the team consists of four national account managers; a national field sales manager, responsible for medical detailing and NHS contracts; trade marketing and space planning managers; and a customer service desk.

The restructuring has also meant a greater focus on the pharmacy sector, which has been steadily losing revenue to the grocery trade. However, Heinz still sees pharmacists as having the trump card because consumers, especially new mothers, turn to them for professional advice.

Because of this, a national account manager has been appointed specifically for this sector, representing the view of the pharmacists and the pharmacy wholesalers internally at Heinz.

We will continually look to offer a gold standard service to all our customers

Another change has been that pharmacies now have to obtain stock through wholesalers rather than through Heinz's sales representatives. Mr Leigh believes this offers a significant advantage. "They can order as little and as often as they like at very competitive prices. This should have the effect of reducing capital outlay and should eradicate loss through out of date stock."

The sales representatives will instead advise on nutritional issues, market performance, planograms and the company's current promotions.

Mr Leigh hopes these changes demonstrate the company's commitment to the pharmacy retailer. "I'd like to give them the assurance that we will listen and

value comments that they make to us. We will continually look to offer a gold standard service to all our customers." Heinz's long-term goal is to be the undisputed

expert in baby food for the consumer, the retailer and the healthcare professional.

It does this by striving to offer mothers and their babies more choice through innovative as opposed to 'me-too' products.

Of the new products launched in October, the most innovative has been the Farley's Junior Choice range, aimed at the older baby.

Unique in sector

The range is unique in the dry baby food sector because the recipes contain pieces of freeze-dried fruit and vegetables which add texture and taste to the food and help the transition to home-cooked, family meals.

An organic baby food range is not on the agenda at the moment because Heinz says that it has not seen a strong consumer demand for pesticide-free food. Another reason is that the incremental benefit is very marginal and the cost [to the consumer] is high.



The Farley's plant in Kendal (top and above) was the right buy for Heinz to make

Daniels Surgical

Daniels Surgical provides a full range of surgical products to independent pharmacies. Its dedicated personal service combines the advantages of a national delivery network with an expert understanding of the professional and commercial needs of pharmacy in today's rapidly developing market place.

The original Company, H. Wilkinson & Co. opened for business in 1872 and moved to the current premises in Nottingham in 1960. Since that time, Daniels Surgical has continued to provide a committed and professional delivery service of an impressive range of surgical products to its customer base.

Daniels Surgical and its sister company, Daniels Pharmaceutical are both part of Daniels Healthcare, the largest and most experienced pharmaceutical wholesaler in the UK.

Daniels Surgical is able to draw on the fully integrated network of 11 national depots which form a central part of Daniels Pharmaceutical, backed up by a fleet of more than 220 vans providing a high frequency, rapid response distribution service.

A wide range of surgical products

Over 300 of the top selling surgical products are stocked at Daniels Pharmaceutical depots. These products are supplied to independent pharmacies via the twice daily ethical delivery service.

Pharmacy customers can also benefit from the comprehensive range of over 4,500 products which are available throughout the UK on a next day delivery service, from the surgical distribution centre in Nottingham.

Integrated distribution providing a Total Healthcare package

Professional staff to help your business grow

The delivery services provided by Daniels Surgical are supported by experienced, friendly and helpful staff who can provide professional advice in areas such as stomacare, prosthesis, orthotic fitting, hosiery and mobility aids.

Our Customer Service Departments are happy to assist customers with supply queries, technical information and difficult

prescription requirements. As well as this personal support, these departments can access the comprehensive Product File through the integrated computer system provided by Daniels Healthcare.

Specialised workshops at the distribution centre in Nottingham are manned by

qualified engineers who offer sales and repair services on equipment such as nebulisers, diagnostic and medical equipment.

In addition to the comprehensive range of over 4,500 products, the Specials Department will price, source and obtain any product not commonly available.

On-line ordering saves you time and effort

Orders can be placed electronically from either Daniels PMR computers or other proprietary PMR systems. The electronic ordering systems provide

Major product groups

Dressings and Bandages

Diagnostic and Medical Equipment

Hosiery and Support Products

Hypodermic Equipment and Syringes

Incontinence Ranges

Nebulisation Equipment and Repair Services

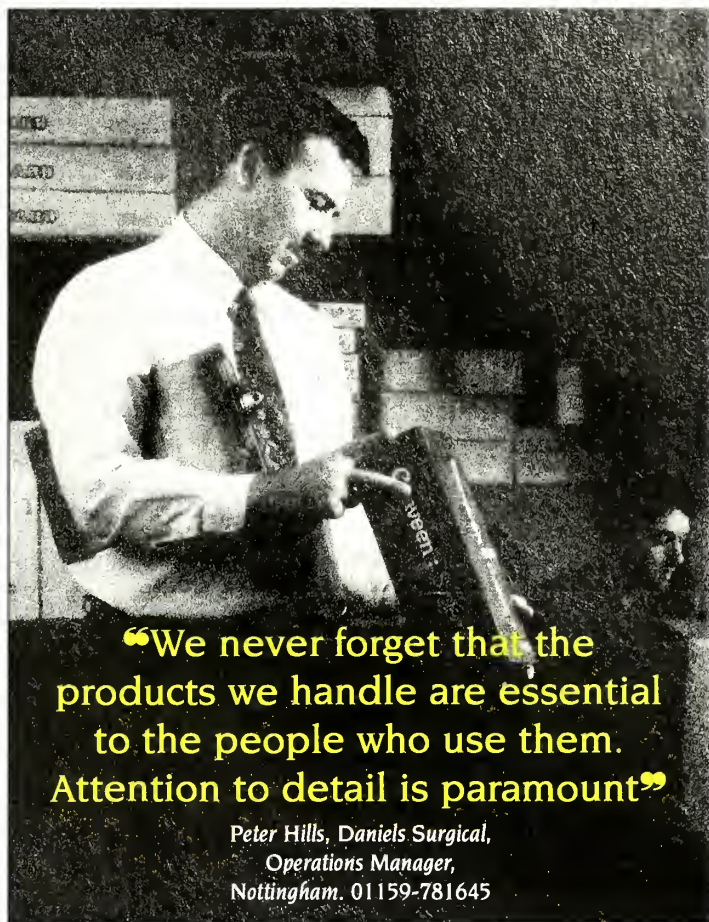
Stomacare Appliances and Accessories

Surgical Instruments and Sundries

Mobility and Rehabilitation Aids

Powered Products including Powerchairs, Scooters, Baths, Chairs and Stairlifts

Manual Wheelchairs



"We never forget that the products we handle are essential to the people who use them. Attention to detail is paramount"

Peter Hills, Daniels Surgical, Operations Manager, Nottingham. 01159-781645

full stock availability details allowing ease of ordering with full detailed response across stock ranges.

Products and Services include:

- Top 300 selling surgical products available twice daily with Daniels ethical service
- Full range of over 4,500 surgical products via next day delivery throughout the UK
- Rapid Response Specials Department
- Customer Service Departments supported by qualified personnel and nurses
- Engineers to assist with all aspects of mobility and medical equipment
- Choice of electronic or manual ordering facilities
- Mobility and 'Easy living' aids for the less able.
- Specialised Stomacare Support Services
- Helpline facilities with nurse support
- Subsidised PMR computer systems

A personal service you can believe in

Daniels Surgical is pleased to invite its customers to visit the warehouse operations in Nottingham and discuss any aspects of their current and indeed, future business requirements. At the same time you can take the

opportunity to view the two showrooms at the main distribution centre in Nottingham which display medical equipment and mobility and rehabilitation aids.

Alternatively, a Business Development Manager from Daniels Pharmaceutical could call to advise you on profitable new business developments.

As part of Daniels Healthcare, providing a personal service which our customers can trust has always been part of the philosophy at Daniels Surgical where commitment to your pharmacy business is key.

If you would like more information about **Daniels Surgical**, please telephone **0115 978 1645** or contact your local Daniels Pharmaceutical depot where the staff will be pleased to assist you.

Daniels surgical is a member of the British Surgical Trades Association (BSTA)



Daniels
SURGICAL

A man for all seasons

Good administrators are a rare breed. The Royal Pharmaceutical Society gained a class act when it recruited Philip Green as deputy secretary in 1994. A year on, Patrick Grice finds out how he has settled in

As the Society executive charged with presenting the 'Pharmacy in a New Age' initiative to an expectant profession, Philip Green has been a busy man of late. On his desk several bundles of papers, each a foot high, testify that other responsibilities have taken second place in recent weeks.

One heap belongs to the Commonwealth Pharmaceutical Association, of which he is secretary. Another relates to next month's Council meeting. Philip needs to be familiar with the whole awesome bundle – he suspects that he and his boss, RPSGB secretary and registrar John Ferguson, are among the few people who read every page.

Following hard on the heels of Council is the quarterly meeting of the Welsh Executive, another body to which he acts as secretary. Philip is a thinking man, but confesses the time for such a luxury is limited.

But 'thinking' is an important part of the job. Assisting Council in developing its policies requires an encyclopaedic knowledge of pharmacy and an ability to present the issues in context. This is recognised, with masterly understatement, in his job description. To quote: "While not representing any significant difficulty, it is the biggest and most interesting challenge. This entails extensive reading and thinking outside normal office hours."

Philip came to the Society in 1994 better equipped than most in the knowledge stakes. Nine years as a pharmaceutical officer at the Department of Health saw him involved in tasks as diverse as pulling together the Selected List, sitting on the joint formulary committee of the BNF, arbitrating on rural dispensing disputes, establishing a coherent pharmacy



Philip Green is happy to maintain a low public profile, working behind the scenes to steer the Society forward

practice research policy and briefing the various pharmacy bodies on the NHS reforms.

He brought with him a healthy respect for senior civil servants. Their ability to analyse situations and weigh up the pros and cons is "phenomenal". They understand pharmacy very well, he believes.

"The relative importance of pharmacy to Government has to be recognised and appreciated," Philip explains. "In the great scheme of things, you have to look at the power and influence of pharmacy compared to other professions."

With a year's experience behind him, he feels he now has a reasonable understanding of what makes the Society tick. "Like most people, I was not aware of the amount of background work the Society does in all its areas. You just tend to see the tip of the iceberg."

As deputy secretary, he heads up the Society's professional development department. This comprises the practice division

under Roger Odd, the education division of Robert Dewdney and the organisation division headed by Hazel Maxted. David Pruce, the audit fellow, and Sue Ambler, head of practice research, also report to him.

Ironically, Philip interviewed David Pruce for his job (which is funded by the DoH) while at the Department, and now finds himself as his line manager. Sue Ambler is another old departmental colleague.

Co-ordinating the work of these divisions takes up much of his time. They all interrelate, and frequently decisions in one area will impact on another. It is an 'admin-heavy' job which keeps him tied to his desk.

He seems happy with a low public profile, preferring to influence events behind the scenes. The Young Pharmacists' Group tempted him to its annual conference only because of his deep commitment to 'Pharmacy in a New Age'.

Life can at times be a grind for an administrator. "The way in

which the democratic process has to be gone through can be a limiting step in the way matters are progressed," he says.

"Something is seen by committee and then goes to Council. The Council may wish to raise some questions ... so it goes back to committee.

"That kind of thing can be seen to be bureaucratic. But, without it, people would be quick to complain that their elected representatives were not being properly informed.

"The profession gets what it wants ... what it deserves in a sense. Between them, Council members have knowledge, information, expertise and prejudices; they pretty much represent the views of the profession," says Philip, with a glint in his eye.

"Clearly the character of Council changes when you get new blood – or old blood back again. That is the joy of democracy!"

However, he does believe that Council is moving from being a body which reacts to events to one which is more politically

aware. It is conscious of the messages coming from Government and better at anticipating the consequences, and all too aware of the long time-scale needed to implement policies.

What he hopes will happen – and Pharmacy in a New Age is a sign of this – is that Council will develop a more strategic view of the future. "That in turn will have a cascade effect on the way in which we do things. I cannot complain, from a personal point of view, that things are not moving in the right direction."

Making of the man

Philip Green grew up in Middlesbrough, although he has little cause to go back as there are no family ties. Always interested in science, pharmacy "looked interesting". He thoroughly enjoyed his time at Sunderland, where he felt the curriculum was quite innovative for its day.

Having completed his year's pre-reg training at Northwick Park Hospital, qualifying in August, 1980, he moved straight into a pharmacy superintendent's job, working with a non-pharmacist owner to set up a new small pharmacy in Waltham Cross, London.

"It's not something you would do nowadays," he acknowledges, "but in those days it was not that unusual. The responsibility hits you quite hard. We both learnt quite a lot."

The upshot was a viable pharmacy, but a realisation that its potential lay with a pharmacist proprietor. After seven months, the owner sold up and Philip moved back to the North East as a relief pharmacist for Boots.

In 1982, after a year with Boots, an advert placed by Mersey RHA for a research pharmacist caught his eye. The job involved working with GPs, first

to create, then to monitor the effects of, a formulary on their prescribing. As a one-year experiment it proved a success and ran for three.

A familiar role for pharmacists today, then it was unique, the first of its kind. And, in the days before PACT, it was laborious. "I used to get enormously long, typed lists from which I could input all the information to produce my own charts," Philip recalls.

He learnt a lot about medicines, the way they were used and the problems of general practice through working with GPs. Another bonus was writing up his research to gain an MSc through Liverpool Medical School.

Philip's next move, back in 1985, was to the then Department of Health and Social Security in London. "It was quite a difficult move, changing environment, having to commute because I could not afford to live in town. It was debatable if it was a sound move financially..."

Ten years later, and he is still commuting. He finds the 40 minutes each way useful for catching up on his 'out of hours' reading.

Several years into his civil service career he had the opportunity to study part-time for a law degree. "Increasingly, I have found that an understanding of the legal issues and the fundamental principles of how Government works is helpful," he says.

He dismisses out of hand any

notion that the Department was a "fuddy-duddy, slipshod bureaucracy", talking instead of a tightly-focused and managed organisation. "There were pressures on manpower and budgets, but it was an innovative environment. There was a great deal of ability there."

He was never directly involved in contractors' remuneration and deftly sidesteps any questions... "My view is not informed by direct knowledge."

Rising through the grades, he finished his stint at the DoH as superintendent pharmaceutical officer. Following a reorganisation in 1991, he headed up three sections: the professional support group, the medicines policy group, and external affairs and special projects.

Special projects included nurse prescribing, professional and clinical audit, prescribing and the drugs bill, and the NHS reforms.

The move to the Society in 1994 was not made in the knowledge of impending change at the DoH, "although to an extent one could have foreseen that changes were coming".

It was more of a logical job progression – the same kind of work, but within a different organisation. "It sounds idealistic, but working for the profession had an appeal in itself," he says.

So is he at Lambeth for the long-term? The jury is still out on that one. "It is too soon to say. I certainly joined with the intention of staying for a reasonable period of time," he says.

Like most people, I was not aware of the amount of background work the Society does in all its areas

pharmacy in a
new age

Towards a new age

The idea of a strategy for pharmacy has been on the Society's back burner for a while. The Council believes the timing is now right, says Philip Green. The medical profession is going through a similar process. "It's not as though we are years behind."

The original intention, that Council should draw up a strategy, has gradually evolved into a fully-fledged consultation exercise. Because the Society's ruling circle had learnt so much from the process, it was felt it would be helpful for the membership to be taken down the same path.

"It is very difficult when you are working on your own in isolation to look at the wider issues, or even be aware of them. Council policy – or other people's opinions – tends to get thrust upon you, and that can increase the frustration."

He hopes the process will take pharmacists away from the problems of the moment. He wants them to think 20 years ahead, to what they would want the professional life of the next generation of pharmacists to be.

"Having got that clear, we can worry about the barriers to change. If the profession has a clear view of where it wants to be, that core can be built on. Some of the fragmentation that is evident among pharmacists can be seen for what it is."

If several thousand pharmacists who have previously felt excluded respond to the initiative, that is all to the good. Council has no overall strategy as yet, he insists. It wants to be informed by wider debate, and that includes comment from outside bodies, who will be asked for their input in the new year.

Philip has already had his first written response – a coffee-stained flyer recovered from the waste bin, re-read and attached to a long letter. "That is a success," he says. "It prompted someone to think."

The consultation process will run until next April. The branch representatives' meeting in May will be used to bring together people's ideas. By September, Philip hopes Council will be ready to give an idea of the main elements of its strategy.

"Council gives every indication of looking forward to getting stuck into doing something pro-active," he says.



The president's man: the deputy secretary strikes a pose with RPSGB president Ann Lewis as they prepare to take pharmacy into a 'New Age'

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Asda goes on the attack

Pharmaceutical bodies and the industry are to stand firm against the threats being made to the Resale Price Maintenance on medicines by Asda boss Archie Norman, when he announced cuts on price maintained vitamins on Sunday.

The Royal Pharmaceutical Society is believed to be convening a crisis meeting with all pharmaceutical organisations to discuss Asda's move and the implications to pharmacy.

On Monday, Asda cut prices on 80 RPM-covered brands by up to 20 per cent. When pressed on whether his actions would affect pharmacy, Asda chief executive Mr Norman said in a television interview: "I think this is a question for the Government. At the end of the day, are there social reasons we want to keep small pharmacists in business? We should think about the cost of doing that, and we should find a way of doing that which doesn't mean old, young and unwell people have to pay artificially high prices for their products."

Asda will not say when it plans to cut prices on OTC medicines, but it intends to see what effects the vitamin price cuts have.

Manufacturers may condemn Asda for its actions, but to date none of the affected companies have moved to restrain the discounting. Seven Seas and Roche have not complained through price maintenance watchdog the Proprietary Articles Trade Association. Seven Seas says in a statement that it was "surprised" to see that Asda had implemented a price cut on its brand. "This move was without our knowledge and contravenes RPM, which has always been applied to all our products."

Other companies, including Warner Wellcome, Smithkline

Beecham and Crookes have pledged their support to RPM.

Industry body the Proprietary Association of Great Britain believes community pharmacists, and not manufacturers, must fight threats to the RPM on medicines.

PAGB director Sheila Kelly says she has no objection to a mooted Office of Fair Trading enquiry into RPM. "I don't think the world of pharmacy has changed that much since 1970. I am very confident a case could

stress that the arguments that sustained RPM in 1970 – namely the need to retain both community pharmacies and a reasonable selection of medicines – are just as relevant today. However, these views must get across to the general public.

"Many consumers don't see the value in pharmacy," he says. "We have to send the message that pharmacy is a vital service out to the public." He believes local pharmacies are their own best public relations advertisement and stresses that if consumers receive a poor standard of service, pharmacy will suffer.

Pharmacy multiples are also standing firmly behind RPM. Boots, which saw its share price drop the day Asda announced its plans, says: "Medicines are not ordinary items of commerce and the public should not be offered incentives to buy medicines which they do not need."

The Moss chain, which has 50 pharmacies in Asda stores and plans to relocate another ten in-store when there is space available, was not informed in advance of Asda's plans.

Moss managing director Barry Andrews says: "We have had no pressure from Asda to break RPM and we will continue to support it." He says manufacturers are "being a bit wimpish and should be slapping injunctions" on Asda. He says that in a price war it will be manufacturers, rather than retailers, which will lose out, as discounting "will be passed directly back down the chain to the manufacturer".

It is unlikely that Asda's rivals will follow suit in the short-term. Rival Sainsbury has no intention to cut prices for the time being, "but we will watch Asda's progress with interest," says a spokesman.

The battle to retain RPM is essentially a pharmacist's argument

be made for the retention of RPM."

"We are hoping that pharmacists will take up this battle and lobby to retain RPM," adds head of commercial affairs Alison Williamson. "Asda may argue that it can offer cheaper medicines, but only pharmacies can dispense and offer advice. Pharmacists must make the public see this," says Ms Williamson, who suggests local pharmacists could play their role by standing outside Asda stores and explaining the benefits of community pharmacy.

"It's effectively a pharmacist's argument," agrees the National Pharmaceutical Association's John D'Arcy, who has been active in pushing out the pharmacy message in the national media. Mr D'Arcy has been

Wholesalers fare better than retailers

Pharmaceutical wholesalers are in much better shape than retail pharmacies, according to a recent report.

The retail sector "finds itself facing the feel-bad factor in the High Street, an increasing threat from multiples and efforts by the Government to cut drugs bills", says ICC Business Publications. Wholesalers have not been hit to the same extent as retailers by difficult trading conditions, and independent pharmacies can exert little pressure in terms of prices from their suppliers, says the report.

ICC analysed the financial performance of 157 leading companies, covering a three-year period, ending in September, 1994. Veterinary pharmaceutical suppliers were also included.

Wholesaling was the only sector to see margins improve over all three years. This sector also showed a good return on capital – 19.6 per cent in 1993/94, compared to 22.3 per cent in the veterinary and 14.5 per cent in the retailing sectors.

The report, 'Business Ratio plus: Retail & Wholesale Chemists', says: "Both smaller and larger pharmacies will need to concentrate greater efforts on the quality of service if they are to be successful, while drugstores will look to adjust their product mix and location to maximise returns from sundry chemists' goods."

Copies of the 448-page report, which is priced at \$295 (plus \$2.95 post and packing), are available by contacting Sue Taylor on 0181 783 0922.

Superdrug is the biggest buyer

Superdrug acquired five pharmacies during September, according to the Royal Pharmaceutical Society's register of premises, with Tesco and Safeway being listed as new owners in two cases each.

In Kent, National Co-operative Chemists took over eight pharmacies from Dartford Co-operative Chemists.

During the month, 16 premises were deleted, 28 pharmacies commenced trading and registration was approved in 36 cases.

Cheshire, Worcestershire and Middlesex each had two deletions with a scattering of others in the South and Midlands. There were two deletions in Scotland and one in Wales.

Micro lab problems not major, says Photo-Me

Photo-Me International says that difficulties that two pharmacists have had with its new Imager 135 RA 'micro labs' are isolated incidents and that the model has proved a major success since its UK launch 18 months ago.

Shailendra Amin of the Audley Pharmacy in Mayfair, London, says his Imager has developed numerous faults since he installed it six months ago. "We've had to call out the Photo-Me technicians many times and nearly every part of the machine has now been replaced," he says.

Audley Pharmacy paid around \$23,000 for its Imager under a lease-purchase agreement and Mr Amin says he now wants his money back.

Stephen Smith of Smith and Taylor in Minchin Hampton, Gloucestershire, says that he has also experienced difficulties with his Imager, bought a year ago. "We haven't had the return on capital we anticipated and now it's broken down completely and a substantial part of the machine is being replaced."

Pierre Buendia of Photo-Me

International says that more than 120 pharmacists are using the Imager 135 RA "very successfully". He maintains that Mr Amin has increased his D&P business using the machine and that he had had no "major breakdown". "I think his teething troubles were mainly training-related," he says.

As far as Mr Smith's machine is concerned, Mr Buendia accepts that there has been a breakdown. "But we are replacing the faulty part free of charge," says Mr Buendia.

Trinity in deal with Stada

Trinity Pharmaceuticals will act as distributor for several products from Stada, the German pharmaceutical company. Steve Stocks, Trinity's managing director, comments that the products will complement the company's growing range of sustained release products and "further enhance the magnitude of the savings which Trinity can offer to GPs and the health service".

GW's muscle relaxant is go

Glaxo Wellcome has obtained Medicines Control Agency approval to market Nimbex (cisatracurium besylate), an intermediate duration muscle relaxant. The product should be available in the UK early in 1996. It is the first regulatory approval for the agent, which has been submitted to other authorities around the world.

Sales up

Pharmacy saw a marked rise in sales in September compared with last year, according to the Confederation of British Industry's Distributive Trade survey. Sales for this time of year are now considered average, and are expected to remain so in October.

Knoll R&D reconfigured

Details of job losses at Knoll Pharmaceuticals have been announced. The company, part of BASF Pharma, says that 165 will go from research and development in Nottingham. The plan is to have some 360 staff based in the department by December, 1996. About 100 posts will also be lost in the Beeston chemical manufacturing area – 35 have already been announced. A voluntary redundancy programme has been launched by the company.

Fisons sells lab supplies

Fisons has completed the sale of its distribution businesses within the company's Laboratory Supplies Division Fisons. Scientific Equipment in the UK and Curtin Matheson Scientific in the US have been sold to Fisher Scientific International for around \$310 million.

HSC draft document

The Health & Safety Commission has published a consultative document seeking comments on draft regulations and guidance, which would require employers to consult employees on health and safety issues.

Wholesalers withdraw discount for fridge lines

Following the lead of AAI, Unichem will be withdrawing discount from 280 lines requiring refrigerated handling from November 1 and other wholesalers are likely follow suit. The company says extra handling and distribution costs for these lines make it uneconomic to continue to offer discounts.

Unichem's chief executive, Jeff Harris, says: "We have brought forward our plans to remove these fridge lines from discount, since we wanted to end the uncertainty among pharma-

cists about this issue." The Department of Health has been informed about the move and the Pharmaceutical Services Negotiating Committee has begun discussions with the Department to obtain zero discount for these products.

Daniels' managing director, Mike Kidd, says: "We are all going to be going much the same way." His company may opt for November 1, too. The cost of implementing the more stringent storage conditions "sadly has to be passed on", he says.

Alan Backhouse, Mawdsley-Brookes' sales and marketing manager, says his company is reviewing the picture in common with many other wholesalers.

An agreement has yet to be reached with the Department to add these items to the zero discount list. PSNC advises community pharmacists who receive no discount on refrigerated lines to endorse prescriptions for these products 'ZD' in anticipation of an agreement being reached prior to the processing of the November prescriptions.

COMPANY IN FOCUS

Ceuta

● **Ceuta?** You may well have had a visit from a Ceuta representative. The company, which started from scratch just a year ago, represents 17 brands from 13 manufacturers. Twenty-one sales people call on 1,500 independent pharmacies, 1,500 multiples, major wholesalers, supermarkets and department stores.

● **So it's just a brokerage?** *Au contraire*, the company sets out its stall as a specialist in POM to P switching. It has contract manufacturing and distribution partners, and medical and registration departments. It is also a member of the Healthcare Alliance, a coalition with a public relations firm, an advertising agency and a market intelligence company, offering clients a complete marketing package.

● **Clients?** Ceuta services Unichem OTC for own-label, PanPharma for Movelat, Daniel Galvin hair care, Gold Shield Healthcare and more.

Why the rapid growth?

Some clients cite personal service and the specialised staff, all of whom come from blue chip healthcare companies. Ceuta was also launched at a time when some companies were slimming down sales and marketing departments. It also services overseas clients, such as New Zealand's Mariana, which want to enter the UK market.

● **Staff?** Thirty-eight people headed by managing director

Edwin Bessant and Annette D'Abreo, both late of Whitehall Laboratories.

● **Projected turnover?** £14 million this year and expected to almost triple to £40m by next year.

● **Future plans?** The company will split into three divisions – OTC, health and beauty, and nutritional/baby care. The development of own-brand and a management/marketing consultancy are also in the pipeline.



COMING EVENTS

MONDAY, OCTOBER 23

Derby Branch, RPSGB
Pharmacy Department of King's Mill Centre, Sutton-in-Ashfield, Nottinghamshire, 7.30 for 8pm. Talk on hypnotherapy by a hypnotherapist from the Postgraduate Education Centre, Kingsway Hospital, Derby.
North Metropolitan Branch, RPSGB
School of Pharmacy, Brunswick Square, London WC1, 7.30 for 8pm. 'Mental health and community care' by Heather Timbrell, BPharm, chief

pharmacist, Camden & Islington Community Health Services NHS Trust.

Southampton & District Branch, RPSGB
Main committee room, Southampton and South West Health Commission, Oakley Road, Southampton, 7.30 for 8pm. 'Alzheimer's disease (or all that I can remember)' by Professor P J Nicholls.
Upminster Branch, RPSGB
Academic Medical Centre, Oldchurch Hospital, Romford, 7.30 for 8pm. 'The place of R2

antagonists in the treatment of heartburn' by Smithkline Beecham.

WEDNESDAY, OCTOBER 25
Scottish Borders Branch, RPSGB
Buccleuch Arms Hotel, St Boswells, 7.30 for 8pm. 'Staff training' by Ailsa Benson, NPA.
THURSDAY, OCTOBER 26
Dundee & Eastern Scottish Branch, RPSGB
Tour of the pharmacy department of the Perth Royal Infirmary, 8pm, followed by chairman's reception.

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Please write with full details to: Debbie Cusick, Senior Personnel Officer, Crookes Healthcare Ltd, PO Box 57, Central Park, Lenton Lane, Nottingham NG7 2LJ.

Closing date for applications: Friday 3 November 1995.

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See editorial feature in the
business news section on pages 599-600



DEPUTY ADMINISTRATOR

The Pharmaceutical Services Negotiating Committee's National Prescription Research Centre requires a Pharmacy Technician to train as my deputy. The successful candidate will hold a BTEC National Certificate in Pharmaceutical Sciences, or equivalent. A wide knowledge of NHS prescriptions and community pharmacy is essential. Attractive salary plus benefits. Hours of work are 9.00am to 4.45pm Monday to Friday.

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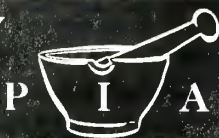
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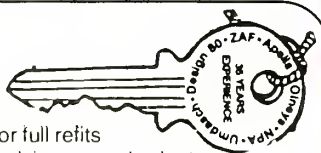
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ABOUT people

Millennium Fund jackpot

The Welsh Highland Railway has won the Millennium Fund's \$4.3 million jackpot (C&D August 26, p288).

Pharmacist Robert Gartside, who is trackbed warden for the railway and chairman of the Welsh Executive of the Royal Pharmaceutical Society, attended a special ceremony where a lottery representative presented the cheque.

The money will go towards restoring the railway, which runs through picturesque countryside. The line has been out of service since 1938. The restoration is expected to be completed by the millennium and Mr Gartside says a celebration barbecue has already been planned for New Year's Eve, 1999. "It [the restoration of the railway] has been a long, long dream," he says.

Drenched, but not daunted in Blackheath

The Beechcroft Pharmacy in Blackheath, London, was back in business just a few hours after a flash flood left staff and customers paddling in pond water.

The flooding, which was caused by torrential rain, burst drains in the centre of Blackheath Village, closed several roads and brought down a wall.

The Beechcroft Pharmacy was one of the retail outlets forced to

shut after the storm. However, pharmacist Gursaran Matharu and his staff got their mops out and were soon ready to open again. "We were luckier than most and reopened a couple of hours later, after cleaning up and making certain the electrics were safe," he says.

Mr Matharu criticised the lack of anti-flood measures taken by his local authority.

APPOINTMENTS

Key posts for women in Northern Ireland

Two key political positions in Northern Ireland have been filled by women.

The Pharmaceutical Contractors Committee gets its first female chair in the person of Sheelagh Hillan. Peter Dolan becomes vice president, while Thos O'Rourke remains secretary.

At the Pharmaceutical Society of Northern Ireland, pressure of work has led to the vice president, Terry Maguire, standing down.

The new vice president is Dorothy Graham. Ms Graham qualified as a mature student in 1990. She works in community pharmacy in Portlengone, and is in her fourth year on Council.

Under normal circumstances she will succeed the current president, Terry Hannawin, next October.



Dorothy Graham: PSNI vp

Numark has appointed **Robert Davis** as retail services manager. His new responsibilities will include developing and implementing services available to Numark shareholders.

Medeva finance director **Dennis Millard** will be leaving his position in February to take up the role of group finance director at the Cookson Group, the specialist industrial materials group. A successor is being recruited.

Kevan Griffin is the new managing director of Jackel International, maker of the Tommee Tippee baby brand. Mr Griffin was previously head of the Boots' Baby Business Centre.

GWS Shopfitting has promoted **Russell Wright** from project assistant to UK business development executive; and **Mike Salmon** from retail consultant to account executive in the GWS specialist division.



Sheelagh Hillan: PCC chair



Brian Cheyne, who has recently stood down as chief pharmaceutical officer at the DHSS in Northern Ireland, was presented with a parting gift by the Ulster Chemists Association's president, **Sarah Mawhinney**, at the UCA dinner last Saturday. Mr Cheyne commented that the UCA had achieved a level of activity not seen for many years. "I hope this can go forward. The UCA needs to have a more active role in the political sphere," he said.

The Great Pepcid AC Display Prize Draw

This month's £100 Marks and Spencer winning numbers are:

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